

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Ivy Tree Preschool	Date of Inspection:	4/8/25	Time of Arrival:	1:00
Address:	11 Grinnan Hill Rd.	License Number:	70676	Expiration Date:	11/30/24
Town:	Wilton, CT 06897	Telephone Number:	203-543-9360	Summer Care:	Open
Operator:	The Center for Growth + Development, Inc	# of Staff Present:	10	# over 3 Present:	19
Email:	Meghan@thecenteraba.com	Total Capacity:	40	Total Under 3 capacity:	14
Designated Director:	Meghan Murtaugh	Hours/Days of Operation:	M-F 8:30 - 5:00 pm		

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**LICENSURE PROCEDURES 19a-79-2a**      **STAFFING and CONSULTANTS 19a-79-2b**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 3/12/25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11. <u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (e)(1)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (f)(1)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (f)(2)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (a)(2)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (h)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (4)(C)(ii-v)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(i)	First aid certified program staff
<input checked="" type="checkbox"/> 13. <u>ACCESS</u>	<input checked="" type="checkbox"/> (e)(6)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (i) -	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(2)(A-H)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (F)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. <u>POSTINGS</u>	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Contracts      Logs      Visits
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Education    ✓    0    ✓    ✓
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		Health        ✓    0    ✓    ✓
		Soc. Serv.   ✓    0    ✓    ✓
		Dietitian     -     -     -     -

**CHILD CARE CENTER OR HOME GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b> Ivy Tree Preschool	<b>LICENSE NUMBER</b> 70476	<b>DATE OF INSPECTION</b> 4/19/25
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**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	(a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>
		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	45.	(a)(4)	Notify DPH, local health-reportable diseases
			Video recordings- keep 30 days

**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	<b>SMOKING</b>
		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
		<input checked="" type="checkbox"/> (d)(10)(A)	<b>TOILETING</b>
		<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
		(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(2)	<b>AIR TEMPERATURE</b>
		(e)(3)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(5)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	87.	(e)(6)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.	(e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		(e)(6)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
		(e)(7)	Working phone on each level
		(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	94.	(e)(8)	Parents provided direct on site phone number
		(e)(9)	<b>LIGHTING</b>
		(e)(9)	All areas min. 1 foot candle of lighting
		(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
		(e)(10)	Enough lighting for comfort
		(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	95.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(17)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(18)	Radon test- Results: 1.2 (Schools N/A)
<input checked="" type="checkbox"/>	102.	(f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
		(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 3/11/25
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools N/A)
		(c)(5)(B)	Lead Water Test - Date: 12/12/24
		(c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
		(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: N Results: lead identified
		(c)(6)(B-D)	Lead Management Plan abatement
			Peeling Paint - Y/N Inside/Outside

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Ivy Tree Preschool	<b>LICENSE NUMBER</b>	70076	<b>DATE OF INSPECTION</b>	4/19/25
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

**UNDER THREE ENDORSEMENT 19a-79-10**

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.	(e)(1)	<b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/>	129.	(e)(2)	
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	130.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

**DIAPERING cont.**

Diaper area: used only for this purpose, located in the program area

Diaper area: non-porous surface/good repair

Diaper area: washed/disinfected after use

Diaper area: disposable paper sheets

Covered waste receptacle-removed daily

Handwashing-staff/children

Diapering-Handwashing policies-posted/followed

Cloth diapers-written plan developed

**LINENS/CLOTHING**

Linens/emergency clothing available

Linens washed weekly or as needed

Linens/clothing stored individually

Cribs/cots cleaned-linens changed when shared

**SAFE SLEEP**

Under 12 mths placed on back for sleeping

Crib-slug fitting mattress/tightly fitted sheet

Alternate sleep position/equipment-medical documentation for medical reason on file

Infants allowed to adopt other sleep positions

No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles

No unapproved sleeping-car seats/swings/beds, etc.

No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

Observe/assess infants at least every 15 minutes

Teething necklaces/bracelets, jewelry inaccessible

Safe sleep policies - parents informed

**TOYS AND OTHER OBJECTS**

Infant toys-separate/washed/sanitized daily

Toddler toys-washed/sanitized weekly

No toys/objects less than 1 1/4" diameter

Plastic bags/balloons/styrofoam inaccessible unless under direct supervision

Health consultant visits/documentation

**FEEDING**

Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

Written feeding schedule from parent-updated

Unused formula/milk discarded after feedings

Clean bottles/disposable bottles/appvd washing

Baby food served from dish or whole jar

Bottles labeled with child's name

Outdoor spaced fenced-4 ft (lic. after 1/1/25)

Outdoor equipment-developmentally appropriate for ages of the children

Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

**SCHOOL AGE ENDORSEMENT 19a-79-11**

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Ivy Tree Preschool	<b>LICENSE NUMBER</b>	70674	<b>DATE OF INSPECTION</b>	4/22/25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y/N	<b>MONITORING OF DIABETES 19a-79-15</b>		Y/N	

<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<b>STAFF TRAINING</b> Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		(b)(2)	Training updated at least every 3 years
		(b)(3)	Written documentation of training
		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
		(b)(6)	Individual cot/crib with bedding
		(b)(6)(A)	Sleeping apparel/toiletries labeled
		(b)(6)(B)	Required bedding
		(b)(6)(C)	Required toiletries
		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
		(a)(2)	Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	180.	- N/A	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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**DISCUSSIONS/COMMENTS**

- policies to be updated/created to reflect new regulations adopted 10/2024.

- program responsible to understand & comply with all new regulations in addition to existing regs.

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

<b>Signature of OEC staff</b>	[Signature]	<b>Signature of person in charge</b>	[Signature]
<b>Printed Name</b>	Kristin Morgan	<b>Printed Name</b>	Lynn Hartigan

OEC DIVISION OF LICENSING  
 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/22/25	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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SUPPLEMENTAL REPORT OF INSPECTION

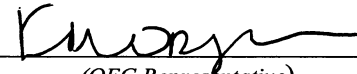
Name of Program/Provider: Ivy Tree Preschool License # 70674 Date: 4/18/25

Observations/Corrections needed:

- 18- Complaint procedure + Administrative oversight not posted + safe sleep arrangement policy
- 33- CF health + safety training not completed
- 35- Consultant agreements missing newly required duties.
- 40- Observed 1 individual care plan not signed by parent; 2 care plans not on site; 3 not signed by staff.
- 48- Observed 2 lunchboxes with perishables + no ice pack.
- 88- Observed dusty ceiling vents.
- 130- Observed 1 infant sleeping with a weighted sleep sack with his arms tucked inside.
- 161- Observed 4 medication authorization forms expired; 2 not filled out or signed by parent; 2 medications without forms.
- 164- Observed 2 medications not labeled.
- 166- Observed 2 expired medications.

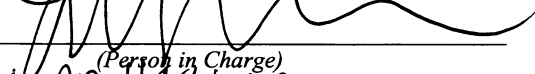
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:   
(OEC Representative)

Print Name: Krishi Margan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
(Person in Charge)

OEC BY: 4/22/25

Print Name: Lynn Hartigan