

**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: Connecticut Friends School	Date of Inspection: 4/19/25	Time of Arrival: 9:30
Address: 317 New Canaan Rd.	License Number: 70349	Expiration Date: 2/28/29
Town: Wilton, CT 06897	Telephone Number: 203-762-9800	Summer Care: Closed
Operator: Connecticut Friends School Corporation	# of Staff Present: 7	# over 3 Present: 23
Email: Linda.aherman@gmail.com	Total Capacity: 68	Total Under 3 capacity: 8
Designated Director: Linda Herman	Hours of Operation: M-F 8:30-3:00	# under 3 Present: 8
		Ages Served: 18mos-5yrs

Inspection Codes: Regulation in Compliance Regulation not in Compliance N/A

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

LICENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTE 19a-79-11**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>2/28/25</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 27. (d)(6)	Mixed age group																				
	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Nap time ratio																				
	<input checked="" type="checkbox"/> 29. (d)(5)	Supervision-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 29. (d)(5)(A)	GROUP SIZE																				
	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 30. (e)(1)	Group Size-school age field trips/outdoors																				
	<input checked="" type="checkbox"/> 31. (f)(1)	Mixed age group-group size																				
	<input checked="" type="checkbox"/> 32. (f)(2)	Designated director-training																				
	<input checked="" type="checkbox"/> 33. (a)(2)	CPR certified program staff																				
	<input checked="" type="checkbox"/> 34. (h)(1)	First aid certified program staff																				
	<input checked="" type="checkbox"/> 34. (h)(2)	PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Documentation of prof. dev/trainings																				
	<input type="checkbox"/> (i) - (i)(2)(A-H)	Health & Safety training																				
	<input checked="" type="checkbox"/> (F)	1% annual hours																				
	<input checked="" type="checkbox"/> (i)(2)	SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Swimming-Ratios																				
		Non-swimmers identified																				
		CPR certified staff-age 20 or older																				
		Lifeguard-certified-supervising																				
		CONSULTANTS																				
		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
		Consultant agreements-signed annually-agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Connecticut Friends School	LICENSE NUMBER 70349	DATE OF INSPECTION 4/8/25
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RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

66.	(a)(2)	Fire marshal codes/certificate <u>4/20/24</u>
67.	(b)	Indoor/Outdoor space inspected/approved
68.	(b)(1)-(5)	Construction/expansion/renovation/conversion
69.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
70.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
71.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
72.	(c)(4)	Testing of premises/grounds for chemicals
73.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
74.	(c)(5)(B)	Lead Water Test - Date: <u>2/2/24</u>
75.	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
76.	(c)(6)(A)	Drinking water available/accessible
77.	(c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N
78.	(c)(6)(B-D)	Results _____
79.	(c)(6)(B-D)	Lead Management Plan _____
80.		Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

81.	(d)(1)	Emergency vehicle access
82.	(d)(2)	Walkways maintained
83.	(d)(3)	Windows protected to prevent falls
84.	(d)(3)	Window screens
85.	(d)(4)	Glass/mirrors protected- 36"
86.	(d)(4)	Overhead doors-locking devices, spring protectors
87.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed (N/A)
88.	(d)(7)	Individual storage of clothing and bedding
89.	(d)(8)	SMOKING
90.	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
91.	(d)(8)	Matches/lighters inaccessible
92.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
93.	(d)(10)(A)	TOILETING
94.	(d)(10)(B)	Shared toilets/sinks-supervision plan
95.	(d)(10)(C)	Toileting needs met
96.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
97.	(d)(10)(E)	Required toilets/sinks-1:16
98.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
99.	(d)(10)(F)	Handwashing staff/children
100.	(d)(10)(G)	Toilets/sinks located at the facility
101.	(d)(10)(H)	Well lighted/ventilated toilet rooms
102.	(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
103.	(e)(1)	Staff personal articles inaccessible
104.	(e)(2)	AIR TEMPERATURE
105.	(e)(3)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
106.	(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
107.	(e)(5)	Water temperature 60°F-120°F
108.	(e)(5)	Portable space heaters prohibited
109.	(e)(6)	WALLS/CEILINGS/FLOORS/RUGS
110.	(e)(7)	Walls/ceilings/floors/rugs-clean/good repair
111.	(e)(7)	Rugs- not a tripping/slipping hazard
112.	(e)(7)	Hot water/Steam pipes protected
113.	(e)(7)	TELEPHONE/TELEPHONE NUMBERS
114.	(e)(8)	Working phone on each level
115.	(e)(8)	Emergency numbers posted-adjacent to phones
116.	(e)(9)	Parents provided direct on site phone number
117.	(e)(9)	LIGHTING
118.	(e)(10)	All areas min. 1 foot candle of lighting
119.	(e)(10)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
120.	(e)(10)	Enough lighting for comfort
121.	(e)(10)	Light fixtures shielded/shatter proof
122.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
123.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
124.	(e)(12)	Stairs-protected/good repair-handrails
125.	(e)(13)	Toxic plants/materials inaccessible
126.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
127.	(e)(16)	Measures to prevent vermin
128.	(e)(17)	Radon test- Results: <u>3.1 12/15/20</u> (Schools-N/A)
129.	(e)(18)	Carbon monoxide detector-each level N/A
130.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
131.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
132.	(g)(2)	Adequate equipment for rest-cleaned-cots (Csp Homes only-mats/sleeping bags)
133.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
134.	(g)(4)	Developmentally app equipment, materials

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PHYSICAL PLANT 19a-79-7A cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

108.			108.		
109.	(e)(2)		109.	(e)(2)	DIAPERING cont.
110.	(e)(3)		110.	(e)(3)	Diaper area: used only for this purpose, located in the program area
111.	(e)(4)		111.	(e)(4)	Diaper area: non-porous surface/good repair
111.	(e)(5)		111.	(e)(5)	Diaper area: washed/disinfected after use
111.	(e)(6-9)		111.	(e)(6-9)	Diaper area: disposable paper sheets
111.	(e)(7)		111.	(e)(7)	Covered waste receptacle-removed daily
111.	(e)(8)		111.	(e)(8)	Handwashing-staff/children
111.	(e)(10)(A-C)		111.	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
129.	(f)(1)		129.	(f)(1)	LINENS/CLOTHING
129.	(f)(2)		129.	(f)(2)	Linens/clothing available
129.	(f)(3)		129.	(f)(3)	Linens washed weekly or as needed
129.	(f)(4)		129.	(f)(4)	Linens/clothing stored individually
130.	(g)(1)		130.	(g)(1)	Cribs/cots cleaned-linens changed when shared
130.	(g)(1)		130.	(g)(1)	SAFE SLEEP
130.	(g)(1)		130.	(g)(1)	Under 12 mths placed on back for sleeping
130.	(g)(2)		130.	(g)(2)	Crib-snug fitting mattress/tightly fitted sheet
130.	(g)(3)		130.	(g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
130.	(g)(4)		130.	(g)(4)	Infants allowed to adopt other sleep positions
130.	(g)(5)		130.	(g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
130.	(g)(6)		130.	(g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
130.	(g)(7)		130.	(g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
130.	(g)(8)		130.	(g)(8)	Observe/assess infants at least every 15 minutes
131.	(h)(1)		131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible
131.	(h)(1)		131.	(h)(1)	Safe sleep policies - parents informed
131.	(h)(2)		131.	(h)(2)	TOYS AND OTHER OBJECTS
131.	(h)(2)		131.	(h)(2)	Infant toys-separate/washed/sanitized daily
131.	(i)(1)(2A-C)		131.	(i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
135.	(j)		135.	(j)	No toys/objects less than 1 1/4 " diameter
136.	(k)(1)		136.	(k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
136.	(k)(2)		136.	(k)(2)	Health consultant visits/documentation
136.	(k)(3)		136.	(k)(3)	FEEDING
136.	(k)(4)		136.	(k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
136.	(k)(5)		136.	(k)(5)	Written feeding schedule from parent-updated
137.	(l)(1)		137.	(l)(1)	Unused formula/milk discarded after feedings
137.	(l)(2)		137.	(l)(2)	Clean bottles/disposable bottles/appvd washing
137.	(l)(3)		137.	(l)(3)	Baby food served from dish or whole jar
138.	(l)(1)		138.	(l)(1)	Bottles labeled with child's name
138.	(l)(2)		138.	(l)(2)	Bottles spaced fenced-4 ft (lic. after 1/1/25)
138.	(l)(3)		138.	(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
139.	(l)(1)		139.	(l)(1)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
116.	(a)	EDUCATIONAL REQUIREMENTS
116.	(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
116.	(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 Y/N

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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

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

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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/>
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<input type="checkbox"/>	145.	(f)	<i>n/a</i>	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input 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)		STAFF TRAINING
		(b)(1)(B)		Staff training – first aid
		(i)-(iii)		Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(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
		(d)(1)		Equipment provided by parents
<input checked="" type="checkbox"/>	174.	(d)(2)		Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	175.	(d)(3)		Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	176.	(e)(1)		Authorized prescriber written order
<input checked="" type="checkbox"/>	177.	(e)(2)		Written authorization from parent
<input checked="" type="checkbox"/>	178.	(e)(3)		Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.			

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)

<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.			SLEEP PROVISIONS
		(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

<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.			NONPRESC. TOPICAL MEDICATION
		(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.			MEDICATION TRAINING
		(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.	- <i>n/a</i>	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

- policies to be updated/created to reflect newly adopted regulations as of 10/2024

- Some postings not observed in Gender Hall

- 1 outlet not protected in the children's bathroom in gender hall.

- 1 child's file missing emergency permission

- 1 child's file missing discipline policy documentation.

- 1 staff physical illegible.

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

Signature of OEC staff	K Morgan
Printed Name	Kristi Morgan

Signature of person in charge	Linda Herman
Printed Name	Linda Herman

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 Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request

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

Name of Program/Provider: Connecticut Friends School License # 70349 Date: 4/18/25Observations/Corrections needed:

- 4 - new employee orientation not observed for 3 staff hired this school year.
- 5 - Annual staff policy training not observed for all staff.
- 18(3a)(c)(2) - Complaint procedure (updated) not posted
- 13a)(d)(6)(c) - Administrative oversight procedure (updated) ^{not} posted.
- 33(h)(i) - Ct health + safety orientation not observed for all staff.
- ~~14)(2) - 10% of total annual hours worked not documented for 3 OK (KM)~~
- 35(i) - (i)(2)(A-H) - Consultant agreements missing newly required duties.
- 36 - 3 children's files missing parent work addresses.
- 88(c)(5) - Observed dusty ceiling vents, + stained ceiling tiles in the 2's, and staff bathroom
- 111(h)(3) - observed rusty swing chains in the preschool playground
- wood table top under the triangle splintering.
- 112(h)(7) - fence on under 3's playground less than 48".
- 139 - no policy in place regarding woodchips less than 1"4" on under 3 playground.

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: KuonmPrint Name: Krisi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Linda HermanOEC BY: 4/22/25Print Name: Linda Herman
(Person in Charge)