

**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:	Room to Grow - NORWALK	Date of Inspection:	4.29.25	Time of Arrival:	9:05 am
Address:	208 East Ave	License Number:	14366	Expiration Date:	3.31.26
City:	NORWALK	Telephone Number:	2038318200	Summer Care:	Open
Operator:	Catholic Charities of Fairfield County Inc	# of Staff Present:	21	# over 3 Present:	110
Operator:	nowense@ccfc-ct.org	Total Capacity:	143	Total Under 3 capacity:	0
Director:	Nancy Cook Owens	Hours of Operation:	M-F 730-530pm	# under 3 Present:	0
				Ages Served:	3-15 yrs

Deficiency Code: _____ O = Significant Deficiency in Compliance

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

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 1.7.24	<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"/> 28. (d)(6)	Mixed age group																				
	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Nap time ratio																				
	<input checked="" type="checkbox"/> 30. (d)(5)	Supervision-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 31. (d)(5)(A)	GROUP SIZE																				
	<input checked="" type="checkbox"/> 32. (d)(5)(B)	Group Size-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-school age field trips/outdoors																				
	<input checked="" type="checkbox"/> 34. (f)(1)	Mixed age group-group size																				
	<input checked="" type="checkbox"/> 35. (f)(2)	Designated director-training																				
	<input checked="" type="checkbox"/> (a)(2)	CPR certified program staff																				
	<input checked="" type="checkbox"/> (h)(1)	First aid certified program staff																				
	<input checked="" type="checkbox"/> (h)(2)	PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings																				
	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training																				
	<input checked="" type="checkbox"/> (e)(6)	1% annual hours																				
	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> (i) -	Non-swimmers identified																				
	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older																				
	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising																				
	<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS																				
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	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>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Health</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Soc. Serv.</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Dietitian</td> <td>NA</td> <td>NA</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	/	/	/	Health	/	/	/	Soc. Serv.	/	/	/	Dietitian	NA	NA	
	Contracts	Logs	Visits																			
Education	/	/	/																			
Health	/	/	/																			
Soc. Serv.	/	/	/																			
Dietitian	NA	NA																				

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Room to Grow - Nonwalk		14366	4.29.25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<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 (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 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/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 schl age only <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible AIR TEMPERATURE <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60 °F - 120 °F <input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 88. (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 89. (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 91. (e)(7) Working phone on each level <input checked="" type="checkbox"/> 92. (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> 93. (e)(7) Parents provided direct on site phone number LIGHTING <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>0.7</u> N/A <input checked="" type="checkbox"/> 102. (e)(18) Results posted-Date: <u>1-10-00</u> (Schls-N/A) <input checked="" type="checkbox"/> 103. (f)(1)(A) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 104. (g)(1) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible 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 <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 (Schl age only 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) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (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 <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 84. (d)(11) <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>7.24.24</u> <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 established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>1-5-24</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>N/A</u> <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible <input checked="" type="checkbox"/> (c)(6)(B-D) LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test <u>Y/N</u> Results <u>Lead in Plan</u> Lead Management Plan <u>every 6 mths</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - Page 3

PROGRAM NAME: Room to grow - WDWALK LICENSE NUMBER: 14366 DATE OF INSPECTION: 4.29.25

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
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (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 WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible

- 129. (f)(1) **LINENS/CLOTHING**
- (f)(2) Linens/emergency clothing available
- (f)(3) Linens washed weekly or as needed
- (f)(4) Linens/clothing stored individually
- 130. (g)(1) **CRIBS/COTS CLEANED-LINENS CHANGED WHEN SHARED**
- (g)(1) **SAFE SLEEP**
- (g)(1) Under 12 mths placed on back for sleeping
- (g)(1) Crib-slug fitting mattress/tightly fitted sheet
- (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
- (g)(2) Infants allowed to adopt other sleep positions
- (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
- (g)(4) No unapproved sleeping car seats/swings/beds, etc.
- (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
- (g)(6) Observe/assess infants at least every 15 minutes
- (g)(7) Teething necklaces/bracelets, jewelry inaccessible
- (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4" diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. **FEEDING**
- (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
- (k)(1) Written feeding schedule from parent-updated
- (k)(2) Unused formula/milk discarded after feedings
- (k)(3) Clean bottles/disposable bottles/appvd washing
- (k)(4) Baby food served from dish or whole jar
- (k)(5) Bottles labeled with child's name
- 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
- 139. (l)(3) 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
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (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, physical activity
 - (b) Limited access to screen time/video games

- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 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-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- 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-in compliance w/CPSC (manf. after 6/28/11)
- 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. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **SCHEDULE - ACTIVITIES**
- 142. (c)(1) Written daily program plan-flexible schedule-available to staff/parents
- (c)(2) Activities not a duplication of child's day
- (c)(3) Activities include cognitive, physical, social, emotional needs of the children
- 143. (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 144. (e) Ratio- 1:15
- 145. (f) Group size- max. 30
- 146. (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME	Room to grow - Norwalk	LICENSE NUMBER	14366	DATE OF INSPECTION	4.29.25
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NIGHT CARE ENDORSEMENT 19a-79-13 (N/A) (Y/N) MONITORING OF DIABETES 19a-79-13 (Y/N)

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities, meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65°F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<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) ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A
<input checked="" type="checkbox"/> 159.	NONPRESC. TOPICAL MEDICATION		
<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160.	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (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

DISCUSSIONS - COMMENTS

Regulation not in compliance when....

(21b) - 1 staff member does not have a complete background check and working with children.

(40)(a)(2)(E) - 1 care plan not signed by parent and 1 child with food sensitivity without care plan.

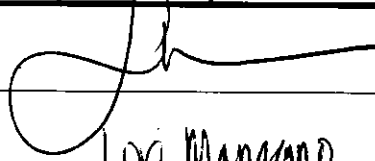
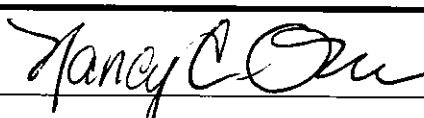
(66)(c)(2) - Yellow east - blue cushion torn throughout and wood kitchen not secured / Red west - dramatic shelving unit not secured / Blue west - wood shelving unit not secured. Purple west - bathroom vent dusty and 2 stained ceiling tiles

(70)(c)(6)(B-D) - Lead M. Plan not monitored every 6 mths. 5/2024 last log.

DISCUSSION

- New Regulation - checklist provided

- 1 staff missing documentation of health & safety requirement.

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lori Mangano	PRINTED NAME	NANCY C. OWENS

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: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 5.13.25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf