

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

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

ST Francis of Assisi Pre School

35 Norfield Rd

Watson

ST Francis of Assisi Parish

mkerthefapreschool.com

Marianne Keith

Date of Inspection:

4.25.25

Time of Arrival:

10:20 am

License Number:

15461

Expiration Date:

3.31.26

Telephone Number:

203 454 8646

Business Hours:

Closed

of Staff Present:

12

over 3 Present:

31

under 3 Present:

5

Total Capacity:

58

Total Under 3 capacity:

116

Ages Served:

18m-5yrs

Hours of Operation:

M-F 9-155pm

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

LICENSURE PROCEDURES 15a-79-24

- ☒ 1. (c)(8) Local Health Inspection-Date: 4.15.25
- ☒ 2. (a) Ensuring health & safety of children
- ☒ 3. (b) Overall management of program
- ☒ 4. (b)(6) Employee orientation for new program staff
- ☒ 5. (b)(6) Annual policy training for program staff
- ☒ 6. (b)(7)(A) Child behavior management
- ☒ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- ☒ 8. (b)(7)(C) Child Protection
- ☒ 9. (b)(7)(E) Mandated Reporting
- ☒ 10. (c)(1-4) Notification of Change
- ☒ 11. POLICIES-COMplete/IMPLEMENTED
- ☒ (d)(2)(A) Discipline policy
- ☒ (d)(2)(B)(C) Child Protection policy
- ☒ (d)(3) Closing time policy
- ☒ (d)(4)(A) Medical emergency policy
- ☒ (d)(4)(B) Multi-Hazards policy-annual drill
- ☒ (d)(5) Supervision policy
- ☒ (d)(6) General Operating policies
- ☒ (d)(6)(C) Administrative Oversight policy
- ☒ (d)(7) Personnel policies
- ☒ 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- ☒ 13. ACCESS
- ☒ (f) Immediate access by parents
- ☒ (h) Immediate access by OEC-facility/records
- ☒ 14. (i) 2.8 yr olds in prek-authorization
- ☒ 15. (m) Motor vehicle laws-transportation
- ☒ 16. (n) Capacity
- ☒ 17. (o) Respond to OEC-no false, misleading statements or documents
- ☒ 18. POSTINGS
- ☒ 3a(e)(1) License posted
- ☒ 3a(e)(2) OEC Complaint Procedure posted
- ☒ 3a(d)(6)(C) Administrative Oversight policy
- ☒ 3a(e)(3) Menus posted
- ☒ 3a(e)(4) No Smoking posted signs at entrances
- ☒ 3a(e)(5) OEC Inspection report posted or available
- ☒ 3a(e)(6) Dev. Milestones posted
- ☒ 7a(e)(17) Radon Test posted (Schls-N/A)
- ☒ 10(g)(8) Safe Sleep policy posted

STAFFING AND CONSULTANTS 15a-79-24

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

St Francis of Assisi Pk School

LICENSE
NUMBER

15461

DATE OF
INSPECTION

4-25-25

RECORD KEEPING

PHYSICAL PLANT 19a-79-7a cont.

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

- ☒ 71. (d)(1)
☒ 72. (d)(2)
☒ 73. (d)(3)
☒ 74. (d)(3)
☒ 75. (d)(4)
☒ 76. (d)(5)
☒ 77. (d)(6), (f)(3)
☒ 78. (d)(7)
☒ 79. (d)(8)
☒ 81. (d)(8)
☒ 82. (d)(9)

- Emergency vehicle access
Walkways maintained
Windows protected to prevent falls
Window screens
Glass/mirrors protected- 36"
Overhead doors-locking devices, spring protectors (N/A)
Exits, stairs, hallways unobstructed
Individual storage of clothing and bedding
SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety - outlets inaccessible - covered or protected
TOILETING

HEALTH and SAFETY 19a-79-6a

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

- ☒ (d)(10)(A)
☒ (d)(10)(B)
☒ (d)(10)(C)
☒ (d)(10)(C)
☒ (d)(10)(E)
☒ (d)(10)(E)
☒ (d)(10)(F)
☒ (d)(10)(G)
☒ (d)(10)(H)
☒ (d)(11)
☒ 83. (e)(1)
☒ 84. (e)(2)
☒ 86. (e)(3)
☒ 87. (e)(4)
☒ 88. (e)(5)
☒ 90. (e)(5)
☒ 91. (e)(6)
☒ 94. (e)(7)
(e)(7)
(e)(7)
(e)(8)
(e)(9)

- Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
Staff personal articles inaccessible
AIR TEMPERATURE
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60°F-120°F
Portable space heaters prohibited
WALLS/CEILINGS/FLOORS/RUGS
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not a tripping/slipping hazard
Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBERS
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number
LIGHTING

PHYSICAL PLANT 19a-79-7a

- ☒ 62. (a)(2) Fire marshal codes/certificate
☒ 63. (b) Indoor/Outdoor space inspected/approved
☒ 64. (b)(1)-(5) Construction/expansion/renovation/conversion
☒ 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
☒ 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
☒ 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
☒ 68. (c)(4) Testing of premises/grounds for chemicals
☒ 69. (e)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
☒ (e)(5)(B) Lead Water Test - Date: no lead test
☒ (e)(5)(C) Bact./Chem Test-Date: (N/A)
Drinking water available/accessible
LEAD PAINT
(c)(6)(A) Building Pre-78: Y(N) Lead Test: Y(N)
Results
(c)(6)(B-D) Lead Management Plan
Peeling Paint - Y(N) Inside/Outside

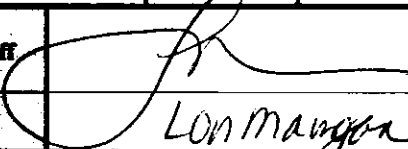
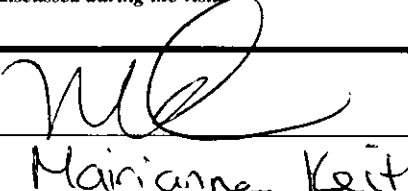
- ☒ 95.
☒ 96.
☒ 97.
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☒ 99.
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☒ 105.
☒ 106.
☒ 107.

- (e)(10)
(e)(11)
(e)(12)
(e)(13)
(e)(14-15)
(e)(16)
(e)(17)
(e)(18)
(f)(1)(A)
(g)(1)
(g)(2)
(g)(3)
(g)(4)
Adequate lighting-30/50 candle feet-sufficient lighting to be visible
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials labeled, inaccessible
Garbage/rubbish-disposed of daily, containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written care plan including access to children
Measures to prevent vermin
Radon test- Results: 1.0 (Schls-N/A)
Carbon monoxide detector-each level N/A
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
Air conditioners/water heaters/fuse boxes inaccessible
Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME St Francis of Assisi Pre School		LICENSE NUMBER 164461	DATE OF INSPECTION 4.25.25		
PHYSICAL PLANT 19a-79-9a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.			
☒ 108. ☒ 109. ☒ 110. ☒ 111. ☒ 112. ☒ 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9) (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <u>WATER HAZARDS</u> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. ☒ 129. ☒ 130. ☒ 131. ☒ 135. ☒ 136. ☒ 137. ☒ 138. ☒ 139.	(e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C) (f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	<u>DIAPERING cont.</u> 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 <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug 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 <u>TOYS AND OTHER OBJECTS</u> 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 <u>FEEDING</u> 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
EDUCATIONAL REQUIREMENTS 19a-79-8a					
☒ 115. ☒ 116.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	131. 135. 136. 137. 138. 139.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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 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		SCHOOL AGE ENDORSEMENT 19a-79-11			
☒ 117. ☒ 118. ☒ 119. ☒ 120. ☒ 121. ☒ 122. ☒ 123. ☒ 124. ☒ 125. ☒ 126. ☒ 127. ☒ 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	140. 141. (b) (c) (c)(1) (c)(2) (c)(3) (d) (e)	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

SCHOOL NAME St Francis of Assisi Pre School		LICENSE NUMBER 15461	DATE OF INSPECTION 4.25.25
SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N) <u>Y</u>		MONITORING OF DIABETES 19a-79-13 (Y/N) <u>Y</u>	
☐ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
☐ 146.	(g) <i>N/A</i>	Designated Head teacher approved- 60%	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) (Y/N) <u>Y</u>			
☐ 147.	(b)	Approved Night Care Endorsement	
☐ 148.	(b)(1)	Person in charge-head teacher	
☐ 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	
☐ 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	
☐ 151.	(b)(4)	Children in care no more than 12 hrs. in 24	
☐ 152.	(b)(5)	Staff awake and available	
☐ 153.	(b)(6)	SLEEP PROVISIONS	
	☐ (b)(6)(A)	Individual cot/crib with bedding	
	☐ (b)(6)(B)	Sleeping apparel/toiletries labeled	
	☐ (b)(6)(C)	Required bedding	
	☐ (b)(6)(D)	Required toiletries	
	☐ (b)(7)	Bedding/sleeping apparel laundered weekly	
☐ 154.	(b)(8)	Sleep arrangements for infants	
☐ 155.	(b)(9)	Air temp 65 °F at 3 ft	
☐ 156.	(b)(10)	Fire marshal approval-hours specified	
		Local health approval	
ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N) <u>Y</u>		ADDITIONAL VIOLATION	
☒ 157.	(9a)	Written medication policies/procedures	
☒ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	
☒ 159.	(a)(2)	NONPRESC. TOPICAL MEDICATION	
	☒ (a)(3)(A-B)	Admin/Parent permission/report errors	
	☒ (a)(3)(C)	Labeling and Storage	
☒ 160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned	
	☒ (b)(1)(D)	MEDICATION TRAINING	
	☒ (b)(1)(E)	Medication training-general-oral/top/inhalant	
	☒ (b)(1)(F)	Injectable premeasured autoinjector medication	
	☒ (b)(2)(A-B)	Rectal medication	
	☒ (b)(2)(C)	Injectable other than premeasured auto-injector	
☐ 161.	(b)(3)(A-B)	Training approval documents/certificates	
☐ 162.	(b)(3)(D)	Training outline on file	
☒ 163.	(b)(4)(A-B)	Authorized prescriber/parent permission	
☒ 164.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification	
☒ 165.	(b)(5)(C)	Medication Administration Records (MAR)	
☒ 166.	(b)(5)(D)	Labeling and Storage	
☒ 167.	(b)(5)(E)	Emergency medication inaccessible	
☒ 168.	(b)(6)	Unused/Expired meds-destroyed/returned	
☒ 169.	(b)(7)(A-B)	Auto-injector/inhalant equipment	
☒ 170.	(d)	Self-administration documentation	
		Petition for special medication authorization	
		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)	
Signature of OEC staff 		Signature of person in charge 	
Printed Name Lon Manganaro		Printed Name Mairianne Keith	
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: <u>5.9.25</u>	
		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Francis of Assisi Pre School License # 15461 Date: 4-25-25Observations/Corrections needed:

- (35)(i)-(1)(2)(A-H) - All consultant contracts do not include all services required. (send copies)
- (42)(a)(1)(A-C) - Child enrollment forms do not include parent business address.
- (48)(a)(2)(A-B) - 3 out of 8 physicals are incomplete. Page 2 bottom section.
- (39)(a)(2)(C) - 3 out of 8 children missing flu vaccines on file.
- (40)(a)(2)(E) - 1 child without signatures on individual care plan of all staff responsible for child's care. Care plan states 1-2 puffs and not specific.
- (62)(a)(2) - fire certificate not final. Report not provided to program as a result of corrections needed. (send copy)
- (66)(c)(2) - furniture not secured - tiny tots (kitchen) 35 ms B- brown shelving unit
- (72)(c)(5)(A) - no lead water test observed (send copy)
- (161)(b)(3)(A-B) - 1 child with expired authorization forms for epi-pen / Diphenhydramine and Albuterol exp 3/26/25. / 35 room - 1 child with incomplete parent and child section for epi-pen / Benadryl

Discussion

- New regulations - checklist provided
- 1 staff missing Health and Safety Course

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: _____

Print Name: _____

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____

59-25

Signature: _____

Print Name: _____

(Person in Charge)

Marianne Keith