

CHILD CARE CENTER and SCHOOL CHILD CARE HOME
INSPECTION FORM

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

Nuttas @ Enfield The Learning Experience	5/2/25	845 AM
11 Shaker Rd	70797	12/31/28
Enfield, CT 06082	8408355500	open
Nuttas @ Enfield LLC	# of Staff Present: 22	# over 3 Present: 38
Nfield@TLchildcare.com	Total Capacity: 149	# under 3 Present: 55
Norah Tower		Ages Served: 6wks - 6yrs
		M-F 6:30AM - 6:30PM

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

LICENSURE PROCEDURES

- 1. (c)(8) Local Health Inspection-Date: 1/19/24
- 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
 - (d)(1) Daily attendance-children/staff- keep 1 yr.
 - (f) ACCESS
 - (h) Immediate access by parents
 - (i) Immediate access by OEC-facility/records
 - (l) 2.8 yr olds in prek-authorization
 - (m) Motor vehicle laws-transportation
 - (n) Capacity
 - (o) Respond to OEC-no false, misleading statements or documents
 - 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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- (e)(1)
- (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i) - (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.
- 35.

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors
GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y/N
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

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	0	✓
Dietitian	-	-	✓

PROGRAM Muttas @ Enheid TLE

DATE 5/2/25

70797

RECORD KEEPING 19a-79-6a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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

PHYSICAL PLANT 19a-79-6a

<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.		SMOKING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<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.		WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 90.		TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.		LIGHTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.		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)	Measures to prevent vermin
<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: <u>1</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (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"/>	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-6a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5/2/24</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
<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.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>11/12/24</u> (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <u>Y(N)</u> Lead Test: <u>Y(N)</u> Results _____
<input checked="" type="checkbox"/>		Lead Management Plan _____
<input checked="" type="checkbox"/>		Peeling Paint - Y/N Inside/Outside

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Nuttas @ Enfield TLE	LICENSE NUMBER	70797	DATE OF INSPECTION	5/2/25
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PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<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.		OUTDOOR SPACE
		<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.		OUTDOOR PROTECTED/FENCED
		<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.		WATER HAZARDS
		<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)	EDUCATIONAL REQUIREMENTS
		<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.		DIAPERING
		<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.		DIAPERING cont.
		<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good rep
		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>	129.		LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when soiled
<input checked="" type="checkbox"/>	130.		SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddlers
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation
		<input checked="" type="checkbox"/> (g)(6)	MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.		TOYS AND OTHER OBJECTS
		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/> (b)(2)	No toys/objects less than 1 1/4" diameter
		<input checked="" type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.		FEEDING
<input checked="" type="checkbox"/>	136.	(i)(1)(2A-C)	Health consultant visits/documentation
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding; individual attn, tummy time, crawl/toddler
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feeding
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/approved w/label
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock absorbing 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.		SCHEDULE - ACTIVITIES
		<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule available to staff/parents
		<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/> (c)(2)	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-choice 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

PROGRAM NAME: Mittas @ Einheid TZE LICENSE NUMBER: 70797 DATE: 5/2/25

SCHOOL AGE ENDORSEMENT 19-79-11 2A

- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

MONITORING OF DIABETES 19-79-13 2B

- 171. (a)(1) Written policies and procedures
- 172. (b)(1)(A) **STAFF TRAINING**
- (b)(1)(B) Staff training – first aid
- (i)-(iii) Staff training – use/storage/maintenance monitoring equipment, reading test results and 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
- (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be distributed
- 176. (d)(3) Authorized prescriber written order
- 177. (e)(1) Written authorization from parent
- 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

NIGHT CARE ENDORSEMENT 19-79-12 2C

- 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. **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
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

ADMINISTRATION OF MEDICATIONS 19-79-9 2D

- 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
- (b)(3)(A-B) Training approval documents/certificates
- (b)(3)(D) Training outline on file
- 161. (b)(4)(A-B) Authorized prescriber/parent permission
- 162. (b)(5)(A-B) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(5)(C) Medication Administration Records (MAR)
- 164. (b)(5)(D) Labeling and Storage
- 165. (b)(5)(E) Emergency medication inaccessible
- 166. (b)(6) Unused/Expired meds-destroyed/returned
- 167. (b)(7)(A-B) Auto-injector/inhalant equipment
- 168. (d) Self-administration documentation
- 169. (d) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

- 180. - Consent Order/Negotiated Corrective Plan conditions

DISCUSSIONS/COMMENTS

- Update policies/procedures per regulations
 - More detail on admin oversight posted. (per sample policies)
 - Staff microwave dirty
 - Water stain in Prep A
 - Epi pen exp 5/25
 - 1 wall thermometer battery working in preschool IA
 - Director course within 1 year
 NOTE: Only regulations marked as compliant or non-compliant were mentioned during the visit.

Director: Mia Miller
 OEC staff: K Kellerman

[Signature]
 Written Corrective Action Plan Due by: 5/16/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ~~Regulations~~ ^(CKF) ~~Mattasci~~ ^(CKF) License # ~~870797~~ ^{Entered TLE} Date: 5/2/25

Observations/Corrections needed:

- Regulations Not in compliance when observed:
- #33 - Documentation of professional development Not available for current 2025 year. 1 staff Not observed Professional Development of health + safety training
- #35 - Consultant logs of ~~Education~~ ^(CKF) and Social service for observing policies/procedures
- #159 - 2 Diaper cream forms expired in TWAdt + Prep B
- #161 - observed 11 expired / Non current Authorization forms for epi/benadryl 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.

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 5/16/25

Signature: *Sha Miller*
(OEC Representative)
 Print Name: Miller, Sha

Signature: *[Signature]*
(Person in Charge)
 Print Name: Norah Tower