

**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:	Guidepost Montessori at Wilton	Date of Inspection:	4/30/25	Time of Arrival:	9:00
Address:	221 Danbury Rd.	License Number:	70783	Expiration Date:	9/30/28
Town:	Wilton, CT 06897	Telephone Number:	475-259-3001	Summer Care:	Open
Operator:	Guidepost A LLC	# of Staff Present:		# over 3 Present:	10
Email:	wilton@guidepostmontessori.com	Total Capacity:	52	Total Under 3 capacity:	32
Designated Director:	Tricia Caesar	Hours/Days of Operation:		# under 3 Present:	21
				Ages Served:	6wks - 6yrs

Instruction Codes:  = Regulation in Compliance  = Regulation not in Compliance N/A = Not applicable at this time

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

**LICENSURE PROCEDURES 19a-79-2a**

**STAFFING and CONSULTANTS 19a-79-4a**

1. (c)(8) Local Health Inspection-Date: 5/21/24

**ADMINISTRATION 19a-79-3a**

- 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-child/en/staff-keep 1 yr.
  - 13. **ACCESS**
    - (f) Immediate access by parents
    - (h) Immediate access by OEC-facility/records
  - 14. (l) 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
    - 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)
  - 28. (d)(4)(D)
  - 29.
  - (d)(5)
  - (d)(5)(A)
  - (d)(5)(B)
  - (e)(1)
  - 30. (f)(1)
  - 31. (f)(2)
  - 32.
  - 33.
  - (a)(2)
  - (h)(1)
  - (h)(2)
  - 34.
  - (4)(C)(ii-v)
  - (4)(C)(i)
  - (e)(6)
  - (e)(6)
  - 35.
  - (i)(1)(A)-(D)
  - (i) -
  - (i)(2)(A-H)
  - (F)
  - (i)(2)
  - (H)(i)-(l)(i)

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	0	
Dietitian	-	-	

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<b>PROGRAM NAME</b>	Cwicpost Montessori School	<b>LICENSE NUMBER</b>	70783	<b>DATE OF INSPECTION</b>	4/30/25
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**RECORD KEEPING 19a-79-5a**

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

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

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

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

<input checked="" type="checkbox"/>	82.	(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)(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
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(1)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<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)(4)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level
<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.	(e)(8)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>		(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	95.	(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)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>3.7</u> 3/20/24 (See 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

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>U124/24</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 (See only) (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: _____
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/>			Peeling Paint - <u>Y/N</u> Inside/Outside

<input checked="" type="checkbox"/>	95.	(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
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<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>3.7</u> 3/20/24 (See 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
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 128.	<input checked="" type="checkbox"/> (e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input type="checkbox"/> 112.	<input type="checkbox"/> (h)(7)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	<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"/> (g)(2)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(5)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>				<input checked="" type="checkbox"/> (g)(7)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> 116.	<input checked="" type="checkbox"/> (a) <input checked="" type="checkbox"/> (1)-(11)	<b>EDUCATIONAL REQUIREMENTS</b> 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"/> 135.	<input checked="" type="checkbox"/> (h)(1)	Observe/assess infants at least every 15 minutes
	<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	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>				<input checked="" type="checkbox"/> (h)(2)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (h)(2)	<b>TOYS AND OTHER OBJECTS</b>
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		<input checked="" type="checkbox"/> (i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (j)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors		<input checked="" type="checkbox"/> (k)(1)	No toys/objects less than 1 1/4 " diameter
<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"/> 139.	<input checked="" type="checkbox"/> (k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC		<input checked="" type="checkbox"/> (k)(3)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots		<input checked="" type="checkbox"/> (k)(4)	<b>FEEDING</b>
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		<input checked="" type="checkbox"/> (k)(5)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		<input checked="" type="checkbox"/> (l)(1)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities		<input checked="" type="checkbox"/> (l)(2)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free		<input checked="" type="checkbox"/> (l)(3)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 128.	<input checked="" type="checkbox"/> (e)(1)	<b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail			Clean bottles/disposable bottles/appvd washing
<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>					Baby food served from dish or whole jar
<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement			Bottles labeled with child's name
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents			Outdoor spaced fenced-4 ft (lic. after 1/1/25)
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day			Outdoor equipment-developmentally appropriate for ages of the children
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children			Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events			
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15			
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30			

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

<b>PROGRAM NAME</b>	Guidepost Montessori School	<b>LICENSE NUMBER</b>	70783	<b>DATE OF INSPECTION</b>	4/30/25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A)	<b>STAFF TRAINING</b>
				(b)(1)(B)	Staff training – first aid
				(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		(b)(3)	Written documentation of training
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		(c)(2)	Trained staff on site when child is present
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174.	(d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment provided by parents
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176.	(d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 177.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178.	(e)(2)	Authorized prescriber written order
	(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179.	(e)(3)	Written authorization from parent
	(b)(6)(B)	Required bedding			Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	(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			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>ADDITIONAL VIOLATION</b>
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<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"/> N/A
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input checked="" type="checkbox"/> 159.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>			<b>DISCUSSIONS/COMMENTS</b>
	(a)(3)(A-B)	Admin/Parent permission/report errors			- policies to be updated/created to reflect new regulations adopted 10/2024
	(a)(3)(C)	Labeling and Storage			- lighting low in book area in toddler l.
<input checked="" type="checkbox"/> 160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned			- 1 ceiling tile missing in stairwell
	(b)(1)(D)	<b>MEDICATION TRAINING</b>			- 1 new employee orientation not observed
	(b)(1)(E)	Medication training-general-oral/top/inhalant			- Social service consultant agreement missing newly required duties + log.
	(b)(1)(F)	Injectable premeasured autoinjector medication			- observed staff take infants for a walk without first aid bag.
	(b)(2)(A-B)	Rectal medication			- 1 unlabeled diaper cream
	(b)(2)(C)	Injectable other than premeasured auto-injector			
<input type="checkbox"/> 161.	(b)(3)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Training outline on file			
	(b)(3)(A-B)	Authorized prescriber/parent permission			
	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	and OEC notification			
<input type="checkbox"/> 164.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input type="checkbox"/> 165.	(b)(5)(A-B)	Medication Administration Records (MAR)			
<input type="checkbox"/> 166.	(b)(5)(C)	Labeling and Storage			
<input type="checkbox"/> 167.	(b)(5)(D)	Emergency medication inaccessible			
<input type="checkbox"/> 168.	(b)(5)(E)	Unused/Expired meds-destroyed/returned			
<input type="checkbox"/> 169.	(b)(6)	Auto-injector/inhalant equipment			
<input type="checkbox"/> 170.	(b)(7)(A-B)	Self-administration documentation			
	(d)	Petition for special medication authorization			
		Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> N/A			

<b>Signature of OEC staff</b>	Krisi Morgan	<b>Signature of person in charge</b>	Meaghan Everett
<b>Printed Name</b>	Krisi Morgan	<b>Printed Name</b>	Meaghan Everett

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request.  Written Corrective Action Plan Due by: 5/14/25
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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quideport Montessori License # 70783 Date: 4/30/25

## Observations/Corrections needed:

- 3- Annual policy training not observed.
- 18 - Administrative oversight policy + safe sleep policy not posted.
- 19 - 2 staff health records not observed.
- 40 - Observed 2 individual care plans not signed by parent.
- 44 - Observed bathrooms in both infant rooms being used as storage, toilets not accessible; observed chairs stacked on tables while children were playing in toddler 1
- 49 - Lead water test not observed.
- 95 - Observed sunscreen accessible to children in toddler 2 + preschool.
- 112 (h)(1) - Observed gaps between the bottom of the fence + the ground - large playground by road 5.5" + under 3 playground near corner 7".
- (h)(1)(A) - brick wall less than 48"
- 118 + 119 - Observed 1 classroom ~~obs~~ at 1:5 ratio with a group size of 10 with 1 child that has not yet turned 2.
- 75 - no documentation that the windows are tempered glass.
- 102 - CO detectors not observed.
- 37 - ~~Emergency permissions for children not observed.~~ OK (km)
- 131 - Observed objects (toys) less than 1-1/4" available for play in ~~no~~ both toddler rooms (buttons, pom poms + stars); also observed child playing with small rocks on playground without adult supervision.

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: Kuon  
(OEC Representative)Print Name: Krisi Mogan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Meaghan Everett  
(Person in Charge)OEC BY: 5/14/25Print Name: Meaghan Everett

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quildepast montessori License # 70783 Date: 4/30/25

Observations/Corrections needed:

159 (a)(2) - Observed multiple topicus without parent permissions in  
toddler 2

(a)(3)(A-B) - Observed topicus accessible to children in  
preschool + toddler 2. ~~+~~

161 - observed 3 medication authorization forms not signed  
by parent; 1 not signed by doctor + 1 missing  
information.

164 - observed 3 non-emergency medications not locked.

166 - observed 1 epi-pen with an expiration date of 6/12/23  
not returned in toddler 2.

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: [Signature]  
(OEC Representative)

Print Name: Krissi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 5/1/25

Print Name: Meaghan Everett