

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

St. John Lutheran Preschool	5/1/25	9:26 am
520 Partridge Av.	12723	5/31/29
Morwick, Ct 06450	203-630-3997	Closed
St. John Lutheran Church	# of Staff Present: 3	# over 3 Present: 19
m.mastriano@icloud.com	Total Capacity: 36	Total Under 3 capacity: —
Marianne Mastriano		# under 3 Present: — Ages Served: 3 years - 5 years M-F 8:30am - 2:30pm

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

<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: 1/11/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> 12. (d)(1)	Personnel policies	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 13. (f)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38. (b)(1)	First aid certified program staff
<input checked="" type="checkbox"/> (h)	ACCESS	<input checked="" type="checkbox"/> 39. (b)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 14. (l)	Immediate access by parents	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 15. (m)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 16. (n)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 17. (o)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 18. (3a(e)(1))	Capacity	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 3a(e)(2)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45. (i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(d)(6)(C)	POSTINGS	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 3a(e)(3)	License posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 3a(e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(5)	Administrative Oversight policy	<input checked="" type="checkbox"/> 49. (H)(i)-(1)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(6)	Administrative Oversight policy		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 7a(e)(17)	Menus posted		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 10(g)(8)	No Smoking posted signs at entrances		Consultant visits- Education/Health
	OEC Inspection report posted or available		
	Dev. Milestones posted		
	Radon Test posted (Schls-N/A)		
	Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	—	—	—

PROGRAM NAME: St. John Lutheran Preschool 12723 5/1/25

RECORD KEEPING 19-79-6a PHYSICAL PLANT 19-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input 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

HEALTH and SAFETY 19-79-6a

<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) <input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/20/25</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) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY (Public Well (Schools-N/A)) Lead Water Test - Date: <u>10/8/23</u> Bact./Chem Test-Date: (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>lead detected</u> Lead Management Plan <u>every 6 months</u> Peeling Paint <u>Y/N</u> Inside/Outside

<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"/> 80.	(d)(8)	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"/> 82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 83.	(d)(10)(A)	TOILETING
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 85.	(d)(10)(C)	Toileting needs met
<input checked="" type="checkbox"/> 86.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 87.	(d)(10)(E)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 88.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 89.	(d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/> 90.	(d)(10)(G)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 91.	(d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 92.	(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 93.	(e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 94.	(e)(2)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 95.	(e)(3)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 96.	(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 97.	(e)(5)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 98.	(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 99.	(e)(6)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/> 100.	(e)(7)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 101.	(e)(7)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 102.	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 103.	(e)(7)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/> 104.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 105.	(e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 106.	(e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 107.	(e)(9)	LIGHTING
<input checked="" type="checkbox"/> 108.	(e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 109.	(e)(9)	Adequate lighting-30/50 candle feet- sufficient lighting to be visible
<input checked="" type="checkbox"/> 110.	(e)(10)	Enough lighting for comfort
<input checked="" type="checkbox"/> 111.	(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 112.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 113.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 114.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 115.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 116.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 117.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 118.	(e)(17)	Radon test- Results: <u>2.0</u> (Schls-N/A)
<input checked="" type="checkbox"/> 119.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 120.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 121.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 122.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 123.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 124.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	St. John Lutheran Preschool	INSPECTION NUMBER	12723	DATE OF INSPECTION	5/1/25
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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	128.	<input type="checkbox"/>	(e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/>	(e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/>	(e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE		<input type="checkbox"/>	(e)(5)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/>	Adequate space- 75 sq. ft. per child		<input type="checkbox"/>	(e)(6-9)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/>	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/>	(e)(7)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/>	Playground free from hazards		<input type="checkbox"/>	(e)(8)	Handwashing-staff/children
		<input checked="" type="checkbox"/>	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/>	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/>	Outside equipment anchored-anchors buried	<input type="checkbox"/>			Cloth diapers-written plan developed
		<input checked="" type="checkbox"/>	New equip- cert play. Inspection upon request	<input type="checkbox"/>			LINENS/CLOTHING
		<input checked="" type="checkbox"/>	Drinking water available/accessible		<input type="checkbox"/>	(f)(1)	Linens/emergency clothing available
		<input checked="" type="checkbox"/>	Equipment arranged for safety-		<input type="checkbox"/>	(f)(2)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/>	equip/fences/structures not hazardous		<input type="checkbox"/>	(f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/>	OUTDOOR PROTECTED/FENCED		<input type="checkbox"/>	(f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	112.	(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/>			SAFE SLEEP
		<input checked="" type="checkbox"/>	Fences installed to protect from hazards-4 ft		<input type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/>	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/>	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/>	Rooftop play areas-6 ft. wall/barrier (N/A)		<input type="checkbox"/>	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	WATER HAZARDS		<input type="checkbox"/>	(g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/>	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input type="checkbox"/>	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/>	Wading pools prohibited (N/A)		<input type="checkbox"/>	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/>	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/>	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	131.	<input type="checkbox"/>	(h)(1)	TOYS AND OTHER OBJECTS
<input checked="" type="checkbox"/>	116.	(g)	EDUCATIONAL REQUIREMENTS		<input type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/>	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 type="checkbox"/>	(h)(2)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/>	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 type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4" diameter

UNDER THREE ENDORSEMENT 19a-79-10 Y(N)

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	135.	<input type="checkbox"/>	(i)(1)(2A-C)	FEEDING
<input type="checkbox"/>	118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input type="checkbox"/>	(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>	119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors		<input type="checkbox"/>	(k)(1)	Written feeding schedule from parent-updated

SCHOOL AGE ENDORSEMENT 19a-79-11 Y(N)

<input type="checkbox"/>	120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	140.	<input type="checkbox"/>	(b)	SCHEDULE - ACTIVITIES
<input type="checkbox"/>	121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC		<input type="checkbox"/>	(c)	Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Washable cots		<input type="checkbox"/>	(c)(1)	Activities not a duplication of child's day
<input type="checkbox"/>	123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray		<input type="checkbox"/>	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>	124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment		<input type="checkbox"/>	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	125.	(d)(2)(D)	Refrigerator and food prep facilities		<input type="checkbox"/>	(d)	Ratio- 1:15
<input type="checkbox"/>	126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free		<input type="checkbox"/>	(e)	Group size- max. 30
<input type="checkbox"/>	127.	(d)(3)(A-C)	DIAPERING	<input type="checkbox"/>			
<input type="checkbox"/>	128.	(e)(1)	Diaper area: elevated/sturdy/safety rail	<input type="checkbox"/>			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: St. John Lutheran Preschool LICENSE NUMBER: 12723 INSPECTION DATE: 5/1/25

SCHOOL AGE ENDORSEMENT 19a-79-11 MONITORING OF DIABETES 19a-79-13

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

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

NIGHT CARE ENDORSEMENT 19a-79-12

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 appare/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 19a-79-9

157. (9a) Written medication policies/procedures
 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
 159. NONPRESC. TOPICAL MEDICATION
 (a)(2) Admin/Parent permission/report errors
 (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned
 160. MEDICATION TRAINING
 (b)(1)(A/C) Medication training-general-oral/top/inhalant
 (b)(1)(D) Injectable premeasured autoinjector medication
 (b)(1)(E) Rectal medication
 (b)(1)(F) Injectable other than premeasured auto-injector
 (b)(2)(A-B) Training approval documents/certificates
 (b)(2)(C) Training outline on file
 161. (b)(3)(A-B) Authorized prescriber/parent permission
 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
 163. (b)(4)(A-B) Medication Administration Records (MAR)
 164. (b)(5)(A-B) Labeling and Storage
 165. (b)(5)(C) Emergency medication inaccessible
 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
 167. (b)(5)(E) Auto-injector/inhalant equipment
 168. (b)(6) Self-administration documentation
 169. (b)(7)(A-B) Petition for special medication authorization
 170. (d) Potassium Iodide (KI) emergency distribution—permission and storage (N/A)

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

"Policy review checklist provided during inspection highlighting changes to the child care regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."

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

Signature of OEC staff: [Signature]

Printed Name: Johnnie Dalo

Signature of person in charge: [Signature]

Printed Name: Marianne Mastriano

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: 5/15/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. John Lutheran Preschool License # 12723 Date: 5/1/25

Observations/Corrections needed:

→ Regulation was not in compliance when....

33(h)(1): Observed 4 staff out of 5 without the Health and Safety training.

35(i)-(i)(2)(A-H): Observed all consultant agreements (Education Health, Social Service) without the required services.

38(a)(2)(A-B): Observed 2 children without current child health records.

40(a)(2)(E): Observed 1 care plan not signed by all staff.

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: Johanne Dalu

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 5/15/25

Signature: [Signature]
(Person in Charge)
Print Name: Marianne Mastriano