

INSPECTION REPORT

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

Mark of Excellence	5525	952am
29 Grove Street	12726	6:30-25
Stamford	2033247334	Open
Faith Tabernacle Missionary Baptist Church ftraige@mark-of-excellence-pa.org Phyllis T Genov	# of Staff Present: 5 Total Capacity: 67	# over 3 Present: 18 Total Under 3 capacity: M-F 7:30am-6pm
	# under 3 Present: 0 Ages Served: 3-11yrs	

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

1. (c)(8)	Local Health Inspection-Date: 10.14.25	19. (a)(1)	Staff health records
2. (a)	Ensuring health & safety of children	20. (a)(3)	Disciplinary actions
3. (b)	Overall management of program	21. (b)	Comprehensive Background Checks
4. (b)(6)	Employee orientation for new program staff	22. (b)(2)	Past employment history
5. (b)(6)	Annual policy training for program staff	23. (b)(4)	Evidence of compliance with bknd cks/history
6. (b)(7)(A)	Child behavior management	24. (d)	Adequate staffing
7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	25. (d)(1)-(e)(2)	Designated head teacher-approved-60%
8. (b)(7)(C)	Child Protection	26. (d)(2)	Two staff present-age 18 or older
9. (b)(7)(E)	Mandated Reporting	27. (d)(3)(A-C)	Personal qualities of staff
10. (c)(1-4)	Notification of Change	28. (d)(4)(A)	RATIOS
11. (d)(2)(A)	POLICIES-COMLETE/IMPLEMENTED	29. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
(d)(2)(B)(C)	Discipline policy	30. (d)(6)	Mixed age group
(d)(3)	Child Protection policy	31. (d)(4)(D)	Nap time ratio
(d)(4)(A)	Closing time policy	32. (d)(5)	Supervision-Indoors/Outdoors
(d)(4)(B)	Medical emergency policy	33. (d)(5)(A)	GROUP SIZE
(d)(5)	Multi-Hazards policy-annual drill	34. (d)(5)(B)	Group Size-Indoors/Outdoors
(d)(6)	Supervision policy	(e)(1)	Group Size-school age field trips/outdoors
(d)(6)(C)	General Operating policies	(f)(1)	Group Size-school age group size
(d)(7)	Administrative Oversight policy	(f)(2)	Mixed age group-group size
12. (d)(1)	Personnel policies	(a)(2)	Designated director-training
13. (f)	Daily attendance-children/staff- keep 1 yr.	(h)(1)	CPR certified program staff
14. (h)	ACCESS	(h)(2)	First aid certified program staff
15. (l)	Immediate access by parents	(4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT
16. (m)	Immediate access by OEC-facility/records	(4)(C)(i)	Documentation of prof. dev/trainings
17. (n)	2.8 yr olds in prek-authorization	(e)(6)	Health & Safety training
18. (o)	Motor vehicle laws-transportation	(e)(6)	1% annual hours
3a(e)(1)	Capacity	(i)(1)(A)-(D)	SWIMMING ACTIVITIES - Y/N
3a(e)(2)	Respond to OEC-no false, misleading statements or documents	(i)-(f)(2)(A-H)	Swimming-Ratios
3a(d)(6)(C)	POSTINGS	(F)	Non-swimmers identified
3a(e)(3)	License posted	(i)(2)	CPR certified staff-age 20 or older
3a(e)(4)	OEC Complaint Procedure posted	(H)(i)-(I)(i)	Lifeguard-certified-supervising
3a(e)(5)	Administrative Oversight policy		CONSULTANTS
3a(e)(6)	Menus posted		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
3a(e)(7)	No Smoking posted signs at entrances		Consultant agreements-signed annually-agreements complete w/required services
3a(e)(8)	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
7a(e)(17)	Dev. Milestones posted		Consultant visits- Education/Health
10(g)(8)	Radon Test posted (Schls-N/A)		
	Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	0	1	1
Health	0	1	1
Soc. Serv.	0	1	1
Dietitian	0	1	1

CHILD CARE CENTER HOME INSPECTION

MARK of Excellence

INSPECTION NUMBER 12726

DATE OF INSPECTION 5-5-25

RECORD KEEPING 19-79-73

PHYSICAL PLANT 19-79-74 cont.

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

<input checked="" type="checkbox"/> 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 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

HEALTH and SAFETY 19-79-76

<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 2-19-25 (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)	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)

<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	(d)(10)(C)	Required toilets/sinks-1:16
	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located at the facility
	(d)(10)(G)	Well lighted/ventilated toilet rooms
	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
	(d)(11)	Staff personal articles inaccessible
	(e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not a tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
	(e)(8)	LIGHTING All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	(e)(9)	Enough lighting for comfort
	(e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(12)	Stairs-protected/good repair-handrails
	(e)(13)	Toxic plants/materials inaccessible
	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	(e)(16)	Measures to prevent vermin
	(e)(17)	Radon test- Results: 1.1 (Schls-N/A)
	(e)(18)	Carbon monoxide detector-each level N/A
	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19-79-75

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>VATS</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.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	(e)(5)(B)	Lead Water Test - Date: <u>6-13-25</u>
	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	LEAD PAINT Building Pre-78: Y/N Lead Test: <u>Y/N</u> Results <u>Advised</u>
	(c)(6)(B-D)	Lead Management Plan _____
		Peeling Paint - <u>Y/N</u> Inside/Outside

<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 96.		
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Mark of Excellence</i>	LICENSE NUMBER <i>12726</i>	DATE OF INSPECTION <i>5/5/25</i>
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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 playg. 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 (N/A)
<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 (Y/N)

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-looking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
<input type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>	129.	(f)(1)	Cloth diapers-written plan developed
<input type="checkbox"/>		(f)(2)	LINENS/CLOTHING
<input type="checkbox"/>		(f)(3)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(4)	Linens washed weekly or as needed
<input type="checkbox"/>	130.	(g)(1)	Linens/clothing stored individually
<input type="checkbox"/>		(g)(1)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>		(g)(1)	SAFE SLEEP
<input type="checkbox"/>		(g)(2)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>		(g)(3)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/>		(g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>		(g)(5)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>		(g)(7)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>	131.	(h)(1)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>		(h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>		(h)(2)	Safe sleep policies - parents informed
<input type="checkbox"/>		(h)(2)	TOYS AND OTHER OBJECTS
<input type="checkbox"/>		(i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>		(j)	Toddler/toys-washed/sanitized weekly
<input type="checkbox"/>		(k)(1)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/>		(k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>		(k)(3)	Health consultant visits/documentation
<input type="checkbox"/>		(k)(4)	FEEDING
<input type="checkbox"/>		(k)(5)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>	135.	(l)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>		(l)(1)	Unused formula/milk discarded after feedings
<input type="checkbox"/>		(l)(2)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(l)(2)	Baby food served from dish or whole jar
<input type="checkbox"/>		(l)(3)	Bottles labeled with child's name
<input type="checkbox"/>	136.	(l)(3)	Outdoor spaced fenced-4 ft. (lic. after 1/1/25)
<input type="checkbox"/>		(m)(1)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	137.	(m)(2)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input type="checkbox"/>	138.	(m)(3)	
<input type="checkbox"/>	139.	(m)(3)	

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

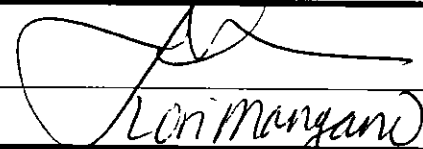
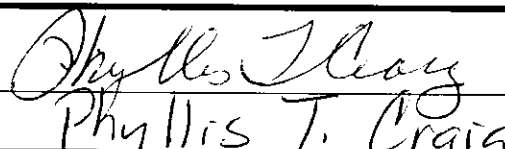
PROGRAM NAME	Mark of Excellence	LICENSE NUMBER	12726	DATE OF INSPECTION	5/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N) <input checked="" type="checkbox"/> Y	MONITORING OF DIABETES 19a-79-13 (Y/N) <input checked="" type="checkbox"/> Y
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<p><input checked="" type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent</p> <p><input checked="" type="checkbox"/> 146. (g) Designated Head teacher approved- 60%</p> <p>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/> Y</p> <p><input type="checkbox"/> 147. (b) Approved Night Care Endorsement</p> <p><input type="checkbox"/> 148. (b)(1) Person in charge-head teacher</p> <p><input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities</p> <p><input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evaluation</p> <p><input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24</p> <p><input type="checkbox"/> 152. (b)(5) Staff awake and available</p> <p><input type="checkbox"/> 153. SLEEP PROVISIONS</p> <p><input type="checkbox"/> (b)(6) Individual cot/crib with bedding</p> <p><input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled</p> <p><input type="checkbox"/> (b)(6)(B) Required bedding</p> <p><input type="checkbox"/> (b)(6)(C) Required toiletries</p> <p><input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly</p> <p><input type="checkbox"/> (b)(7) Sleep arrangements for infants</p> <p><input type="checkbox"/> 154. (b)(8) Air temp 65 °F at 3 ft</p> <p><input type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified</p> <p><input type="checkbox"/> 156. (b)(10) Local health approval</p>	<p><input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures</p> <p><input checked="" type="checkbox"/> 172. STAFF TRAINING</p> <p><input checked="" type="checkbox"/> (b)(1)(A) Staff training – first aid</p> <p><input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions</p> <p><input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years</p> <p><input checked="" type="checkbox"/> (b)(3) Written documentation of training</p> <p><input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present</p> <p><input checked="" type="checkbox"/> 173. (c)(3) Self-administration - written authorization and under supervision of trained staff</p> <p><input checked="" type="checkbox"/> 174. (d)(1) Equipment provided by parents</p> <p><input checked="" type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible</p> <p><input checked="" type="checkbox"/> 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded</p> <p><input checked="" type="checkbox"/> 177. (e)(1) Authorized prescriber written order</p> <p><input checked="" type="checkbox"/> 178. (e)(2) Written authorization from parent</p> <p><input checked="" type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily</p>
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ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N) <input checked="" type="checkbox"/> Y	ADDITIONAL VIOLATION
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<p><input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures</p> <p><input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes</p> <p><input checked="" type="checkbox"/> 159. NONPRESC. TOPICAL MEDICATION</p> <p><input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors</p> <p><input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage</p> <p><input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned</p> <p><input type="checkbox"/> 160. MEDICATION TRAINING</p> <p><input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant</p> <p><input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication</p> <p><input checked="" type="checkbox"/> (b)(1)(E) Rectal medication</p> <p><input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector</p> <p><input type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates</p> <p><input checked="" type="checkbox"/> (b)(2)(C) Training outline on file</p> <p><input type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission</p> <p><input type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification</p> <p><input type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR)</p> <p><input type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage</p> <p><input type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible</p> <p><input type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned</p> <p><input type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment</p> <p><input type="checkbox"/> 168. (b)(6) Self-administration documentation</p> <p><input type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization</p> <p><input type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)</p>	<p><input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)</p> <p>DISCUSSIONS/COMMENTS</p> <p style="font-size: small;">NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</p>
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Signature of OEC staff		Signature of person in charge	
Printed Name	Ron Mangano	Printed Name	Phyllis T. Craig

<p>OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov</p>	<p>Inspection shall be posted or available for review upon request.</p> <p>Written Corrective Action Plan Due by: 5.19.25</p> <p>CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</p>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mark of Excellence License # 12726 Date: 5.5.25

Observations/Corrections needed: Regulation not in compliance when...

- 36 (b)(1)(2)(A-H) - All consultant contracts do not include all required services. (send copies)
- 37 (a)(1)(D)(1) - 2 out of 8 child files missing emergency medical permission
- 39 (a)(2)(C) - 3 out of 8 children missing flu vaccine on file.
- 40 (a)(2)(E) - 1 child with Albuterol without staff signatures on individual care plan / Another child missing parent and staff signatures on care plan on first floor. / Another child in 2nd floor class missing Albuterol care plan / peanut allergy child has no individual care plan on file.
- 160 (b)(2)(A-B) Medication training certificates are not complete with all requirements (send copy)
- 161 (b)(3)(A-B) - 1 child missing authorization form for Cetirizine / Albuterol has incomplete parent section and child address / Another child has incomplete parent and child section on albuterol authorization form / peanut allergy child has no medication authorization form on file.
- 163 (b)(4)(A-B) - MPR log sheet is incomplete and ^{miss} applications. Missing pharmacy name, medication order, date of birth and prescription number.
- 164 (b)(5)(A-B) Albuterol missing box and label.
- 2 (a) program does not have Cetirizine on site and child's care plan indicates it is required. Another child with a peanut allergy does not have medication on site.

Discussion | 1 child missing health record - 1 child missing authorized release person - 1 child missing documentation of behavior management techniques (parent informed) - 1 staff missing name, address and phone number of physician on physical. - Documenting professional development so hours of completion can be determined for all staff. - Red outdoor climbing wall has chips in wood at bottom. - front upstairs bathroom has 1 stained ceiling tile near pipe and last bathroom has dusty vent behind ceiling grate.

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]
(DEC Representative)

Print Name: Lin Mangano

Signature: [Signature]
(Person in Charge)

Print Name: Phyllis T. Craig

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5.14.25

- new regulations
- checklist provided