

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:	Little People's Play Place Too	Date of Inspection:	5-7-25	Time of Arrival:	7:45 am
Address:	315 Halls Hill Rd	License Number:	70773	Expiration Date:	8-31-28
Town:	Colchester	Telephone Number:	860-326-4774	Summer Care:	Closed
Operator:	Little People's Play Place TOO, LLC	# of Staff Present:	5	# over 3 Present:	13
Email:	jillkippp2@yahoo.com	Total Capacity:	112	Total Under 3 capacity:	16
Designated Director:	Jill Kelsey	Hours/Days of Operation:	M-F 6:30-6pm		

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

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 cont.

1. (c)(8) Local Health Inspection-Date: 8-9-24

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. (c)(1-4) **POLICIES-COMLETE/IMPLEMENTED**
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 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)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
 - (a)(2)
 - (b)(1)(2)
 - (h)(1)(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)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Evidence of compliance
 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-ratios
 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
 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 (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.	✓	✓	
Dietitian	NA	NA	

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Little People's Play Place Too		76773 5-7-	5-7-25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <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	<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 (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 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/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING <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)(D) Required toilets/sinks-1:25 schl age only <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 or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible AIR TEMPERATURE <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> (e)(7) 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 LIGHTING <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(11) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> (e)(12) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(13) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(14-15) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(16) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> (e)(17) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(18) Radon test- Results: <u>0</u> N/A <input checked="" type="checkbox"/> (f)(1)(A) Results posted-Date: <u>7-21-24</u> (Schls-N/A) <input checked="" type="checkbox"/> (g)(1) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (g)(2) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(3) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(4) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(4) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (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 <u>N/A</u> <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <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 (Schl age only 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 <input checked="" type="checkbox"/> 60. (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"/> 61. (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>7-16-24</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 established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (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) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>6-28-24</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>N/A</u> <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible <input checked="" type="checkbox"/> (c)(6)(B-D) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>None</u> Lead Management Plan <u>N/A</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Little People's Play Place TOO LICENSE NUMBER 70773 DATE OF INSPECTION 5-7-25

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
 110. (j) No weapons/no facsimile of a firearm
 111. OUTDOOR SPACE
 (h)(1) Adequate space- 75 sq. ft. per child
 (h)(2) Shock absorbing surfaces-minimum 8"
 (h)(3) Playground free from hazards
 (h)(4) Nuts, bolts, screws-tight, covered/protected
 (h)(5) Outside equipment anchored-anchors buried
 (h)(6) New equip- cert playg. Inspection upon request
 (h)(8) Drinking water available/accessible
 (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
 112. OUTDOOR PROTECTED/FENCING
 (h)(7) Playground protected from traffic, water, gullies or other hazards
 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
 (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
 114. WATER HAZARDS
 (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
 (i) Wading pools prohibited
 (i) Hot tubs/spas/saunas-locked/inaccessible N/A

129. LINENS/CLOTHING
 (f)(1) Linens/emergency clothing available
 (f)(2) Linens washed weekly or as needed
 (f)(3) Linens/clothing stored individually
 (f)(4) Cribs/cots cleaned-linens changed when shared
 130. SAFE SLEEP
 (g)(1) Under 12 mths placed on back for sleeping
 (g)(1) Crib-snug fitting mattress/tightly fitted sheet
 (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 (g)(2) Infants allowed to adopt other sleep positions
 (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
 (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 (g)(6) Observe/assess infants at least every 15 minutes
 (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 (g)(8) Safe sleep policies posted/parents informed
 131. (h)(1) Infant toys-separate/washed/sanitized daily
 132. (h)(1) Toddler toys-washed/sanitized weekly
 133. (h)(2) No toys/objects less than 1 ¼ " diameter
 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 135. (i)(1)(2A-C) Health consultant visits/documentation
 136. FEEDING
 (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 (k)(1) Written feeding schedule from parent-updated
 (k)(2) Unused formula/milk discarded after feedings
 (k)(3) Clean bottles/disposable bottles/appvd washing
 (k)(4) Baby food served from dish or whole jar
 (k)(5) Bottles labeled with child's name
 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 139. (l)(3) Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

115. (a) Written daily/weekly educational plan-developmentally appropriate
 116. (a) EDUCATIONAL REQUIREMENTS
 (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, physical activity
 (b) Limited access to screen time/video games

137. (l)(1)
 138. (l)(2)
 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

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

117. (b) Approved Under 3 Endorsement
 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
 120. (c)(4) Physical barriers- indoors/outdoors
 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
 123. (d)(2)(B) Washable cots
 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
 126. (d)(2)(E) Refrigerator and food prep facilities
 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
 128. DIAPERING
 (e)(1) Diaper area: elevated/sturdy/safety rail
 (e)(2) Diaper area: used only for this purpose, located in the program area
 (e)(3) Diaper area: non-porous surface/good repair
 (e)(4) Diaper area: washed/disinfected after use
 (e)(5) Diaper area: disposable paper sheets
 (e)(6)(9) Covered waste receptacle-removed daily
 (e)(7) Handwashing-staff/children
 (e)(8) Diapering-Handwashing policies-posted/followed
 (e)(10)(A-C) Cloth diapers-written plan developed

140. (b) Approved Schl Age Endorsement
 141. (c) SCHEDULE - ACTIVITIES
 142. (c)(1) Written daily program plan-flexible schedule-available to staff/parents
 (c)(2) Activities not a duplication of child's day
 (c)(3) Activities include cognitive, physical, social, emotional needs of the children
 (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 143. (e) Ratio- 1:15
 144. (f) Group size- max. 30
 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 146. (g) Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Little People's Place Too	LICENSE NUMBER	70773	DATE OF INSPECTION	5-7-25
---------------------	---------------------------	-----------------------	-------	---------------------------	--------

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
--	---

<input checked="" type="checkbox"/> 147. <input checked="" type="checkbox"/> 148. <input checked="" type="checkbox"/> 149. <input checked="" type="checkbox"/> 150. <input checked="" type="checkbox"/> 151. <input checked="" type="checkbox"/> 152. <input checked="" type="checkbox"/> 153. <input checked="" type="checkbox"/> 154. <input checked="" type="checkbox"/> 155. <input checked="" type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
--	--	---	--	---	--

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
--	-----------------------------

<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input checked="" type="checkbox"/> 160. <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage N/A	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions N/A
--	---	---	--	---

DISCUSSIONS - COMMENTS

Gave provider updated policies.
 Inspected - gym, caf, lib, 3 playgrounds

SIGNATURE OF OEC STAFF	<i>D. Wassenhove</i>	<i>Jill Kelsey</i>	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Dianna Wassenhove	Jill Kelsey	PRINTED NAME

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: oc.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: N/A
--	--

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