

**CHILD CARE CENTER AND GROUP CHILD CARE CENTER
INSPECTION FORM**

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

Play to Learn Childcare

20 Forest St

Stamford

Play to Learn Childcare LLC

playtolearn20@gmail.com

francheska Velazquez

5.12.25
4:30-7:30 pm

70403

203-832-3519

5.12.25 9:10 am

4:30-2:0

open

# of Staff Present: 10	# over 3 Present: 8	# under 3 Present: 13
Total Capacity: 61	Total Under 3 capacity: 32	Ages Served: 6W-9yrs
M-F 7:30-5:30 pm		

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

- 1. (c)(8) Local Health Inspection-Date: 4/18/23
- 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. (d)(2)(A) POLICIES-COMplete/IMPLEMENTED
 Discipline policy
 Child Protection policy
 Closing time policy
 Medical emergency policy
 Multi-Hazards policy-annual drill
 Supervision policy
 General Operating policies
 Administrative Oversight policy
 Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. (f) ACCESS
 Immediate access by parents
 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
 License posted
 OEC Complaint Procedure posted
 Administrative Oversight policy
 Menus posted
 No Smoking posted signs at entrances
 OEC Inspection report posted or available
 Dev. Milestones posted
 Radon Test posted
 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)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

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
 Consultant 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.	INC		
Dietitian	NA	NA	

10403

PROGRAM NAME

North Wain Childcare

INSPECTION NUMBER

10403

INSPECTOR

WJW/BJS

RECORD KEEPING 19a-79-5a

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

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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"/> (d)	FIRST AID SUPPLIES -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(6)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		LIGHTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: 0.2 (Schts-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 52803
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 7.25.23
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results: NO Lead
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan
	<input checked="" type="checkbox"/>	Peeling Paint - <input checked="" type="checkbox"/> N Inside/Outside

<input checked="" type="checkbox"/>	(e)(11)	
<input checked="" type="checkbox"/>	(e)(12)	
<input checked="" type="checkbox"/>	(e)(13)	
<input checked="" type="checkbox"/>	(e)(14-15)	
<input checked="" type="checkbox"/>	(e)(16)	
<input checked="" type="checkbox"/>	(e)(17)	
<input checked="" type="checkbox"/>	(e)(18)	
<input checked="" type="checkbox"/>	(f)(1)(A)	
<input checked="" type="checkbox"/>	(g)(1)	
<input checked="" type="checkbox"/>	(g)(2)	
<input checked="" type="checkbox"/>	(g)(3)	
<input checked="" type="checkbox"/>	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

6/17/25

PROGRAM NAME

Play to Learn Childcare

LICENSE NUMBER

70403

DATE OF INSPECTION

6/17/25

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/FENCED**
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (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 (N/A)
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128.
 - (e)(2)
 - (e)(3)
 - (e)(4)
 - (e)(5)
 - (e)(6-9)
 - (e)(7)
 - (e)(8)
 - (e)(10)(A-C)
- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131.
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
 - (j)
 - (k)(1)
 - (k)(2)
 - (k)(3)
 - (k)(4)
 - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 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, moderate and vigorous physical activity that takes place outdoors
 - (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

- 131. (i)(1)(2A-C)
- 135. (i)(1)(2A-C)
- 136. (j)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10

YN

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
- 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. (e)(1) **DIAPERING**
 - Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

YN

- 140. (b)
- 141.
 - (c)
 - (c)(1)
 - (c)(2)
 - (c)(3)
- 143. (d)
- 144. (e)

- Approved Schl Age Endorsement
- SCHEDULE - ACTIVITIES**
- Written daily program plan-flexible schedule-available to staff/parents
 - Activities not a duplication of child's day
 - Activities include cognitive, physical, social, emotional needs of the children
 - Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 - Ratio- 1:15
 - Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

5/12/25 AM


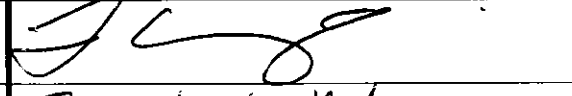
PROGRAM NAME	Play to Learn Childcare	LICENSE NUMBER	70403	DATE OF INSPECTION	MAY 12 2025
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING
				<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
				<input checked="" type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N				<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174.	<input checked="" type="checkbox"/> (d)(1)	Equipment provided by parents
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175.	<input checked="" type="checkbox"/> (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176.	<input checked="" type="checkbox"/> (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> 153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/> 177.	<input checked="" type="checkbox"/> (e)(1)	Authorized prescriber written order
<input type="checkbox"/>	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178.	<input checked="" type="checkbox"/> (e)(2)	Written authorization from parent
<input type="checkbox"/>	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179.	<input checked="" type="checkbox"/> (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	<input type="checkbox"/> (b)(6)(B)	Required bedding			
<input type="checkbox"/>	<input type="checkbox"/> (b)(6)(C)	Required toiletries			
<input type="checkbox"/>	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly			
<input type="checkbox"/>	<input type="checkbox"/> (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			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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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 (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	DISCUSSIONS/COMMENTS Regulation not in compliance when... (39)(1)(1)(7)(A-H) Social service contract does not include all services required. (send copy) (40)(c)(2) Staff toilet flush mechanism is broken (45)(e)(10) Bleach water bottles not labeled with measurements (11)(h)(3) - stair gate door latch broken (36)(k)(6) - infant bottles are all not labeled with child's name DISCUSSION - 1 staff missing health and safety course - 1 child missing physician info and emergency permission - 2 glass doors - 3M file up to 36"		
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	NONPRESC. TOPICAL MEDICATION			
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors			
	<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage			
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C)	Unused/expired meds destroyed/returned			
	<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING			
	<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication			
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication			
	<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Training outline on file			
<input type="checkbox"/> 163.	(b)(4)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Labeling and Storage			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 168.	(b)(6)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Auto-injector/inhalant equipment			
<input type="checkbox"/> 170.	(d)	Self-administration documentation			
		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

Signature of OEC staff			Signature of Inspector
Printed Name	Lon Mangano	Franchesca Velazquez	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.ctocc.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 5/26/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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