

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



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

Just A Helping Hand 143 Mulberry St Stamford	5.2.25	848 am
	80011	2.29.28
	203.545.8349	open
Just A Helping Hand LLC dorette_stephens@yahoo.com Dorette Stephens	# of Staff Present: 3 Total Capacity: 12	# over 3 Present: 0 Total Under 3 capacity: 12 115am-10pm M-F
	# under 3 Present: 8 Ages Served: 14W-54KS	

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: 4/11/25	<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) Discipline policy	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (e)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 36. (f)(1)	Designated director-training
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 37. (f)(2)	CPR certified program staff
ACCESS	<input checked="" type="checkbox"/> 38. (a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 39. (h)(1)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> (n) Capacity	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
POSTINGS	<input checked="" type="checkbox"/> 45. (i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	/	/	/
Health	/	/	/
Soc. Serv.	/	/	/
Dietitian	/	/	/

CHILD CARE CENTER - CHILD CARE HOME - INSPECTION FORM

PROGRAM NAME: Just Helping Hand **INSPECTION NUMBER:** 80011 **DATE:** 5-2-25

RECORD KEEPING 19a-79-6a

PHYSICAL PLANT 19a-79-7a cont.

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

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

HEALTH AND SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 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)

- 81. (d)(9)
- 82. (d)(10)(A) Shared toilets/sinks-supervision plan
- (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)
- 83. (d)(11) Staff personal articles inaccessible
- 84. (e)(1) **AIR TEMPERATURE**
- (e)(1) 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**
- (e)(5) 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**
- (e)(7) 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**
- (e)(8) 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: 0.2 (Schls-N/A)
- (e)(18) Carbon monoxide detector-each level N/A
- (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 100. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- 101. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 102. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- 103. (g)(4) Developmentally app equipment, materials
- 104. (g)(4)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 10.10.24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 11.8.23
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N
- (c)(6)(B-D) Results
- Lead Management Plan _____
- Peeling Paint - Y/N Inside/Outside

- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Just A Helping Hand</i>	LICENSE NUMBER <i>8001</i>	DATE OF INSPECTION <i>5-2-25</i>
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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
<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 type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input 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)

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

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

<input checked="" type="checkbox"/>	131.		
		<input checked="" type="checkbox"/> (i)(1)(2A-C)	
		<input checked="" type="checkbox"/> 135.	
		<input checked="" type="checkbox"/> 136.	
		<input checked="" type="checkbox"/> (j)	
		<input checked="" type="checkbox"/> (k)(1)	
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
		<input checked="" type="checkbox"/> 137.	
		<input checked="" type="checkbox"/> 138.	
		<input checked="" type="checkbox"/> 139.	

UNDER THREE ENDORSEMENT 19a-79-10 **YN**

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

SCHOOL AGE ENDORSEMENT 19a-79-11 **YN**

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Just A Helping Hand	LICENSE NUMBER	80011	DATE OF INSPECTION	5.2.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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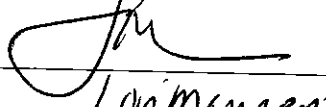
<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent			
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%			
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N						
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement			
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher			
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24			
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available			
<input type="checkbox"/>	153.		SLEEP PROVISIONS			
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding			
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled			
<input type="checkbox"/>		(b)(6)(B)	Required bedding			
<input type="checkbox"/>		(b)(6)(C)	Required toiletries			
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly			
<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			

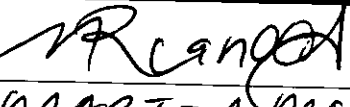
<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures			
<input checked="" type="checkbox"/>	172.		STAFF TRAINING			
<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training - first aid			
<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions			
<input checked="" type="checkbox"/>		(i)-(iii)				
<input checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years			
<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training			
<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present			
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff			
<input checked="" type="checkbox"/>		(d)(1)	Equipment provided by parents			
<input checked="" type="checkbox"/>	174.	(d)(2)	Equipment labeled and inaccessible			
<input checked="" type="checkbox"/>	175.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded			
<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order			
<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent			
<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily			
<input checked="" type="checkbox"/>	179.	(e)(3)				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N						
<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures			
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION			
<input checked="" type="checkbox"/>		(a)(2)	Admin/Parent permission/report errors			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING			
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant			
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication			
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication			
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage			

ADDITIONAL VIOLATION					
<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions		(N/A)

DISCUSSIONS/COMMENTS	
Regulation not compliant when...	
33(h)(1) - 3 staff did not complete the health and safety training.	
82(d)(10)(c) - observed potty seat with urine in it. Not emptied and disinfected after use.	
95(e)(10) - infant side has disinfectant wipes under changing table and accessible to children and on floor in open closet.	
128(e)(2) - observed shoes and toys on changing table - infant side	
131(h)(2) - observed roll of plastic bags under open changing table and 2 plastic gloves stored within a toy bin in infant area	
Discussed new regulations - checklist provided / 1 child missing - authorized pick up / Hand washing policy post	
NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	
Dietician needs to complete annual reviews	

Signature of OEC staff	
Printed Name	Lon Mangano

Signature of person in charge	
Printed Name	MARITZA MONROY