

**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: | Pine Orchard Nursery School | Date of Inspection: | 5/21/25 | Time of Arrival: | 10:17am |
| Address: | 149 S. Montowese St. | License Number: | 12902 | Expiration Date: | 11/30/25 |
| Town: | Branford 06405 | Telephone Number: | 203-488-3169 | Summer Care: | closed |
| Operator: | The Pine Orchard Nursery School Inc | # of Staff Present: | 3 | # over 3 Present: | 14 |
| Email: | ern@pineorchardnurseryschool.org | Total Capacity: | 22 | Total Under 3 capacity: | 0 |
| Designated Director: | Erin Aschettino + Cynthia Masciola | Hours/Days of Operation: | M-T 9-3pm F 9-12 ⁰⁰ | | |

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

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

1. (c)(8) Local Health Inspection-Date: 3/23/23

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. 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 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
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted 12/20/07 (Schls-N/A)
 - 10((g)(8) Safe Sleep policy posted NR

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 34. SWIMMING ACTIVITIES - Y/N
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 35. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

| | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓* | 0 | ✓ |
| Health | ✓* | 0 | ✓ |
| Soc. Serv. | ✓* | 0 | |
| Dietitian | - | - | |
 - (H)(i)-(I)(i)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|-----------------------------|-----------------------|-------|---------------------------|---------|
| PROGRAM NAME | Pine Orchard Nursery School | LICENSE NUMBER | 12902 | DATE OF INSPECTION | 5/21/25 |
|---------------------|-----------------------------|-----------------------|-------|---------------------------|---------|

RECORD KEEPING 19a-79-5a

| | | | |
|-------------------------------------|-----|--|--|
| <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 |

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 (N/A) |
| <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. | (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 -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

PHYSICAL PLANT 19a-79-7a

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|-------------------------------------|-----|---|---|
| <input checked="" type="checkbox"/> | 62. | (a)(2) | Fire marshal codes/certificate 5/1/25 |
| <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. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: 8/7/24 |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: (N/A) |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| <input type="checkbox"/> | 70. | | LEAD PAINT |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (c)(6)(A) | Building Pre-78 Y/N Lead Test Y/N Results approved management every 6 months |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan |
| <input checked="" type="checkbox"/> | | | Peeling Paint - Y/N Inside/Outside |

PHYSICAL PLANT 19a-79-7a cont.

| | | | |
|-------------------------------------|------|--|---|
| <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 |
| <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"/> | 86. | (e)(3) | Water temperature 60°F-120°F |
| <input checked="" type="checkbox"/> | 87. | (e)(4) | Portable space heaters prohibited |
| <input checked="" type="checkbox"/> | 88. | | 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"/> | | <input checked="" type="checkbox"/> (e)(5) | Rugs- not a tripping/slipping hazard |
| <input checked="" type="checkbox"/> | 90. | (e)(6) | Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> | 91. | | 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"/> | 95. | (e)(10) | Potentially hazardous substances, materials labeled, inaccessible |
| <input checked="" type="checkbox"/> | 96. | (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| <input checked="" type="checkbox"/> | 97. | (e)(12) | Stairs-protected/good repair-handrails |
| <input checked="" type="checkbox"/> | 98. | (e)(13) | Toxic plants/materials inaccessible |
| <input checked="" type="checkbox"/> | 99. | (e)(14-15) | Pets or other animals-in good health, written care plan including access to children |
| <input checked="" type="checkbox"/> | 100. | (e)(16) | Measures to prevent vermin |
| <input checked="" type="checkbox"/> | 101. | (e)(17) | Radon test- Results: 3.6 (Schls-N/A) |
| <input checked="" type="checkbox"/> | 102. | (e)(18) | Carbon monoxide detector-each level N/A |
| <input checked="" type="checkbox"/> | 103. | (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| <input checked="" type="checkbox"/> | 104. | (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| <input checked="" type="checkbox"/> | 105. | (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) |
| <input checked="" type="checkbox"/> | 106. | (g)(3) | Air conditioners/water heaters/fuse boxes inaccessible |
| <input checked="" type="checkbox"/> | 107. | (g)(4) | Developmentally app equipment, materials |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
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|---------------------|-----------------------------|-----------------------|-------|---------------------------|---------|

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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) |

| | | | |
|--------------------------|------|--------------|--|
| <input type="checkbox"/> | 128. | (e)(2) | 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 |
| <input type="checkbox"/> | | (e)(3) | |
| <input type="checkbox"/> | | (e)(4) | |
| <input type="checkbox"/> | | (e)(5) | |
| <input type="checkbox"/> | | (e)(6-9) | |
| <input type="checkbox"/> | | (e)(7) | |
| <input type="checkbox"/> | | (e)(8) | |
| <input type="checkbox"/> | | (e)(10)(A-C) | |
| <input type="checkbox"/> | 129. | (f)(1) | |
| <input type="checkbox"/> | | (f)(2) | |
| <input type="checkbox"/> | | (f)(3) | |
| <input type="checkbox"/> | | (f)(4) | |
| <input type="checkbox"/> | 130. | (g)(1) | 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/swaddles 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) |
| <input type="checkbox"/> | | (g)(1) | |
| <input type="checkbox"/> | | (g)(1) | |
| <input type="checkbox"/> | | (g)(1) | |
| <input type="checkbox"/> | | (g)(2) | |
| <input type="checkbox"/> | | (g)(3) | |
| <input type="checkbox"/> | | (g)(4) | |
| <input type="checkbox"/> | | (g)(5) | |
| <input type="checkbox"/> | | (g)(6) | |
| <input type="checkbox"/> | | (g)(7) | |
| <input type="checkbox"/> | | (g)(8) | |
| <input type="checkbox"/> | 131. | (h)(1) | |
| <input type="checkbox"/> | | (h)(1) | |
| <input type="checkbox"/> | | (h)(2) | |
| <input type="checkbox"/> | | (h)(2) | |
| <input type="checkbox"/> | 135. | (i)(1)(2A-C) | |
| <input type="checkbox"/> | 136. | (j) | |
| <input type="checkbox"/> | | (k)(1) | |
| <input type="checkbox"/> | | (k)(2) | |
| <input type="checkbox"/> | | (k)(3) | |
| <input type="checkbox"/> | | (k)(4) | |
| <input type="checkbox"/> | | (k)(5) | |
| <input type="checkbox"/> | 137. | (l)(1) | |
| <input type="checkbox"/> | 138. | (l)(2) | |
| <input type="checkbox"/> | 139. | (l)(3) | |

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 |

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

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-locking 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 |

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

| | | | |
|--------------------------|------|--------|--|
| <input type="checkbox"/> | 140. | (b) | SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/> 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 |
| <input type="checkbox"/> | 141. | (c) | |
| <input type="checkbox"/> | | (c)(1) | |
| <input type="checkbox"/> | | (c)(2) | |
| <input type="checkbox"/> | | (c)(3) | |
| <input type="checkbox"/> | 143. | (d) | |
| <input type="checkbox"/> | 144. | (e) | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|-----------------------------|-----------------------|-------|---------------------------|---------|
| PROGRAM NAME | Pine Orchard Nursery School | LICENSE NUMBER | 12902 | DATE OF INSPECTION | 5/21/25 |
|---------------------|-----------------------------|-----------------------|-------|---------------------------|---------|

| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|

| | | | | | |
|--|-----|---|--|--|--|
| <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 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 |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60% | <input checked="" type="checkbox"/> 172. | <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) <input type="checkbox"/> (i)-(iii) | |

| | |
|--|-----|
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) | Y/N |
|--|-----|

| | | | | | |
|--|-----------|--|--|--------|--|
| <input checked="" type="checkbox"/> 147. | (b) | Approved Night Care Endorsement | <input checked="" type="checkbox"/> 173. | (c)(2) | (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3) |
| <input checked="" type="checkbox"/> 148. | (b)(1) | Person in charge-head teacher | <input checked="" type="checkbox"/> 174. | (d)(1) | |
| <input checked="" type="checkbox"/> 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input checked="" type="checkbox"/> 175. | (d)(2) | |
| <input checked="" type="checkbox"/> 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | <input checked="" type="checkbox"/> 176. | (d)(3) | |
| <input checked="" type="checkbox"/> 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | <input checked="" type="checkbox"/> 177. | (e)(1) | |
| <input checked="" type="checkbox"/> 152. | (b)(5) | Staff awake and available | <input checked="" type="checkbox"/> 178. | (e)(2) | |
| <input checked="" type="checkbox"/> 153. | | SLEEP PROVISIONS | <input checked="" type="checkbox"/> 179. | (e)(3) | |
| <input checked="" type="checkbox"/> NA | (b)(6) | Individual cot/crib with bedding | | | |
| <input checked="" type="checkbox"/> NA | (b)(6)(A) | Sleeping apparel/toiletries labeled | | | |
| <input checked="" type="checkbox"/> NA | (b)(6)(B) | Required bedding | | | |
| <input checked="" type="checkbox"/> NA | (b)(6)(C) | Required toiletries | | | |
| <input checked="" type="checkbox"/> NA | (b)(6)(D) | Bedding/sleeping apparel laundered weekly | | | |
| <input checked="" type="checkbox"/> NA | (b)(7) | Sleep arrangements for infants | | | |
| <input checked="" type="checkbox"/> 154. | (b)(8) | Air temp 65 °F at 3 ft | | | |
| <input checked="" type="checkbox"/> 155. | (b)(9) | Fire marshal approval-hours specified | | | |
| <input checked="" type="checkbox"/> 156. | (b)(10) | Local health approval | | | |

| | | |
|--|---|-----------------------------|
| ADMINISTRATION OF MEDICATIONS 19a-79-9a | Y/N <input checked="" type="checkbox"/> Y | ADDITIONAL VIOLATION |
|--|---|-----------------------------|

| | | | | | |
|--|------|--|--|------|--|
| <input checked="" type="checkbox"/> 157. | (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> 180. | - NO | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
| <input checked="" type="checkbox"/> 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | |

| | | | | | |
|--|-------------|---|--|--|--|
| <input checked="" type="checkbox"/> 159. | (a)(2) | NONPRESC. TOPICAL MEDICATION | DISCUSSIONS/COMMENTS 1) New Regs 2) Policies must be updated to reflect new regulations dated 10/2024. Policy review checklist on website 3) Oversight policy needs to be posted 4) Complaint procedures - new form on website needs to be posted | | |
| <input checked="" type="checkbox"/> 160. | (a)(3)(A-B) | Admin/Parent permission/report errors | | | |
| <input checked="" type="checkbox"/> 160. | (a)(3)(C) | Labeling and Storage | | | |
| <input checked="" type="checkbox"/> 160. | (a)(3)(C) | Unused/expired meds destroyed/returned | | | |
| <input checked="" type="checkbox"/> 161. | (b)(1)(A/C) | MEDICATION TRAINING | | | |
| <input checked="" type="checkbox"/> 162. | (b)(1)(D) | Medication training-general-oral/top/inhalant | | | |
| <input checked="" type="checkbox"/> 163. | (b)(1)(E) | Injectable premeasured autoinjector medication | | | |
| <input checked="" type="checkbox"/> 164. | (b)(1)(F) | Rectal medication | | | |
| <input checked="" type="checkbox"/> 165. | (b)(2)(A-B) | Injectable other than premeasured auto-injector | | | |
| <input checked="" type="checkbox"/> 166. | (b)(2)(C) | Training approval documents/certificates | | | |
| <input checked="" type="checkbox"/> 167. | (b)(2)(C) | Training outline on file | | | |
| <input checked="" type="checkbox"/> 168. | (b)(3)(A-B) | Authorized prescriber/parent permission | | | |
| <input checked="" type="checkbox"/> 169. | (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification | | | |
| <input checked="" type="checkbox"/> 170. | (b)(3)(D) | Medication Administration Records (MAR) | | | |
| <input checked="" type="checkbox"/> 171. | (b)(4)(A-B) | Labeling and Storage | | | |
| <input checked="" type="checkbox"/> 172. | (b)(5)(A-B) | Emergency medication inaccessible | | | |
| <input checked="" type="checkbox"/> 173. | (b)(5)(C) | Unused/Expired meds-destroyed/returned | | | |
| <input checked="" type="checkbox"/> 174. | (b)(5)(D) | Auto-injector/inhalant equipment | | | |
| <input checked="" type="checkbox"/> 175. | (b)(5)(E) | Self-administration documentation | | | |
| <input checked="" type="checkbox"/> 176. | (b)(6) | Petition for special medication authorization | | | |
| <input checked="" type="checkbox"/> 177. | (b)(7)(A-B) | Potassium Iodide (KI) emergency distribution-permission and storage (N/A) | | | |

| | | | |
|-------------------------------|-------------|--------------------------------------|-----------------|
| Signature of OEC staff | [Signature] | Signature of person in charge | [Signature] |
| Printed Name | Fi Montanyc | Printed Name | Cynthia Mascola |

| | |
|--|--|
| OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov | Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 6/14/25 |
| CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf | |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pine Orchard Nursey School License # 12902 Date: 5/21/25

Observations/Corrections needed:

- Program not in compliance with:
- #30 designated director training when director has not completed the required 3 Credit Course per director she is enrolled.
- #35 (i)(i)(2)(A-H) (F) Consultant agreement's required services when required services are not updated to meet new regulation requirements for all required Consultant, (F) consultant logs when current logs for social service and Education were not observed (last documented 2023)
- #70 (c)(6)(B-D) Lead management Plan when monitoring of approved Plan is for every 6 months. last documented date was 9/2023 no exact date provided.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Print Name: F. Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/4/25

Signature: C. Mascola
(Person in Charge)
Print Name: Cynthia Mascola