

**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:	Round Hill Nursery School	Date of Inspection:	5-27-25	Time of Arrival:	10:25am
Address:	466 Round Hill Rd	License Number:	12340	Expiration Date:	12-31-28
Town:	Greenwich	Telephone Number:	869-4910	Summer Care:	Closed
Operator:	Round Hill Nursery School Inc	# of Staff Present:	11	# over 3 Present:	32
Email:	C.neiswanger@rhns.org	Total Capacity:	61	Total Under 3 capacity:	0
Designated Director:	Catherine Neiswanger	Hours/Days of Operation:	M-F 8am-1:45pm		

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**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>1-1-25</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 22. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 23. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 25. (d)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 27. (d)(4)(A)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 28. (d)(4)(B)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30. (d)(5)	Mixed age group
<input checked="" type="checkbox"/> 12. (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Nap time ratio
<input checked="" type="checkbox"/> 13. (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 14. (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33. (e)(1)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 15. (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 16. (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (f)(2)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 17. (d)(6) General Operating policies	<input checked="" type="checkbox"/> (a)(2)	Mixed age group-group size
<input checked="" type="checkbox"/> 18. (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)	Designated director-training
<input checked="" type="checkbox"/> 19. (d)(7) Personnel policies	<input checked="" type="checkbox"/> (h)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 20. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	First aid certified program staff
<input checked="" type="checkbox"/> 21. (f) Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 22. (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 23. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> 24. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	1% annual hours
<input checked="" type="checkbox"/> 25. (n) Capacity	<input checked="" type="checkbox"/> (i) -	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 26. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	Swimming-Ratios
<input checked="" type="checkbox"/> 27. (3a(e)(1) License posted	<input checked="" type="checkbox"/> (F)	Non-swimmers identified
<input checked="" type="checkbox"/> 28. (3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(2)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 29. (3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 30. (3a(e)(3) Menus posted		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 31. (3a(e)(4) No Smoking posted signs at entrances		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 32. (3a(e)(5) OEC Inspection report posted or available		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 33. (3a(e)(6) Dev. Milestones posted		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 34. (7a(e)(17) Radon Test posted (Schls-N/A)		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 35. (10(g)(8) Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	N/A	N/A	

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

<b>PROGRAM NAME</b>	Round Hill Nursery School	<b>LICENSE NUMBER</b>	12340	<b>DATE OF INSPECTION</b>	5-27-25
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## RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	(a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>		(a)(1)(D)(ii)	Emergency medical permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iii)	Authorized release permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Child Health Records
<input type="checkbox"/>	40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	45.	(a)(4)	Notify DPH, local health-reportable diseases 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
<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		(c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

## PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8-329
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: 4-25-25
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: 4-25-25 (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(c)(6)(A)	<b>LEAD PAINT</b> Building Pre-78: Y/N Lead Test: Y/N Results: Abate/Repair
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan NA
<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.	(d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>		(d)(10)(A)	<b>TOILETING</b> 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)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(G)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		(d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(2)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	86.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	87.	(e)(4)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	88.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		(e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair
<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.	(e)(6)	<b>TELEPHONE/TELEPHONE NUMBERS</b> 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
<input checked="" type="checkbox"/>		(e)(7)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(8)	Adequate lighting-30/50 candle feet- sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
<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"/>	100.	(e)(17)	Radon test- Results: 0-8 (Schls-N/A)
<input checked="" type="checkbox"/>	101.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	102.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	103.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>	107.	(g)(4)	

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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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.		<b>OUTDOOR SPACE</b>
<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.		<b>OUTDOOR PROTECTED/FENCED</b>
<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"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>		(i)	<b>WATER HAZARDS</b>
<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
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

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

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> 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)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> 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 <b>TOYS AND OTHER OBJECTS</b> 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 <b>FEEDING</b> 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.		
<input type="checkbox"/>		(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)	

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

<input type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> 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: Round Hill Nursery School LICENSE NUMBER: 12340 DATE OF INSPECTION: 5-27-25

SCHOOL AGE ENDORSEMENT 19a-79-11 Y  
 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent  
 146. (g) Designated Head teacher approved- 60%

MONITORING OF DIABETES 19a-79-13 Y  
 171. (a)(1) Written policies and procedures  
 172. (b)(1)(A) **STAFF TRAINING**  
 Staff training – first aid  
 (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
 (i)-(iii)  
 (b)(2) Training updated at least every 3 years  
 (b)(3) Written documentation of training  
 (c)(2) Trained staff on site when child is present  
 (c)(3) Self-administration - written authorization and under supervision of trained staff  
 173. Equipment provided by parents  
 174. (d)(1) Equipment labeled and inaccessible  
 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 176. (d)(3) Authorized prescriber written order  
 177. (e)(1) Written authorization from parent  
 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily  
 179. (e)(3)

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y  
 147. (b) Approved Night Care Endorsement  
 148. (b)(1) Person in charge-head teacher  
 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 150. (b)(3) Written plan for supervision including cot placement and evacuation  
 151. (b)(4) Children in care no more than 12 hrs. in 24  
 152. (b)(5) Staff awake and available  
 153. **SLEEP PROVISIONS**  
 (b)(6) Individual cot/crib with bedding  
 (b)(6)(A) Sleeping apparel/toiletries labeled  
 (b)(6)(B) Required bedding  
 (b)(6)(C) Required toiletries  
 (b)(6)(D) Bedding/sleeping apparel laundered weekly  
 (b)(7) Sleep arrangements for infants  
 154. (b)(8) Air temp 65 °F at 3 ft  
 155. (b)(9) Fire marshal approval-hours specified  
 156. (b)(10) Local health approval

ADDITIONAL VIOLATION  
 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

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

DISCUSSIONS/COMMENTS  
new regulations provided policy checklist - all updates are highlighted. Program must make sure policies are updated.  
 NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: Cathy Anderson  
 Printed Name: Cathy Anderson

Signature of person in charge: Catherine Newberry  
 Printed Name: Catherine Newberry

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](http://www.ctoec.org/licensing) Email: [oecl.licensing@ct.gov](mailto:oecl.licensing@ct.gov)

Inspection shall be posted or available for review upon request.  
 Written Corrective Action Plan Due by: 6-10-25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Round Hill Nursery School License # 12346 Date: 5-27-25

Observations/Corrections needed:

Regulation not in compliance when:

III (h)(3) - Block top - rusty ground grates, 1 ground grate has a gap of 3-4" between grate and hard top, gate on grass <sup>area</sup> has a gap on bottom 6-8", Shed and window sills are peeling paint.

Playground - fence by sandbox has 1 slot not secured, 5 hooks are open on Swings and Swings have rust also merry go round has rust areas.

#161 - 4 medication forms have parent section not complete.

(h)(4) - nails protruding on side gate

Discussed:

1 Child enrollment form does not have Physician's phone ~~number~~ <sup>number</sup>. Work addresses need to be documented even if working from home.

~~RIGHT CT~~

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Catherine Nersisyan  
(Person in Charge)

OEC BY: 6-10-25

Print Name: Catherine Nersisyan