

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

Children's House of Middletown on Camp	5/14/25	9:42 am
9 Camp St	70794	11/30/28
Middletown Ct 06457	860-894-2889	Open
Children's House of Middletown on Camp LLC	# of Staff Present: 3	# over 3 Present: 8
chamoncamp@gmail.com	Total Capacity: 24	Total Under 3 capacity: —
Taylor Walsh	# under 3 Present: —	Ages Served: 3 yrs olds 2 1/2 yrs olds
		M-F 7:00 am - 6:00 pm

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

1. (c)(8)	Local Health Inspection-Date: 1/1/25	19. (a)(1)	Staff health records
2. (a)	Ensuring health & safety of children	20. (a)(3)	Disciplinary actions
3. (b)	Overall management of program	21. (b)	Comprehensive Background Checks
4. (b)(6)	Employee orientation for new program staff	22. (b)(2)	Past employment history
5. (b)(6)	Annual policy training for program staff	23. (b)(4)	Evidence of compliance with bknd cks/history
6. (b)(7)(A)	Child behavior management	24. (d)	Adequate staffing
7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	25. (d)(1)-(e)(2)	Designated head teacher—approved-60%
8. (b)(7)(C)	Child Protection	26. (d)(2)	Two staff present—age 18 or older
9. (b)(7)(E)	Mandated Reporting	27. (d)(3)(A-C)	Personal qualities of staff
10. (c)(1-4)	Notification of Change	28. (d)(4)(A)	RATIOS
11. (d)(2)(A)	POLICIES-COMLETE/IMPLEMENTED	29. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
12. (d)(2)(B)(C)	Discipline policy	30. (d)(6)	Mixed age group
13. (d)(3)	Child Protection policy	31. (d)(4)(D)	Nap time ratio
14. (d)(4)(A)	Closing time policy	32. (d)(5)	Supervision—Indoors/Outdoors
15. (d)(4)(B)	Medical emergency policy	33. (d)(5)(A)	GROUP SIZE
16. (d)(5)	Multi-Hazards policy-annual drill	34. (d)(5)(B)	Group Size—Indoors/Outdoors
17. (d)(6)	Supervision policy	35. (e)(1)	Group Size—school age field trips/outdoors
18. (d)(6)(C)	General Operating policies	(f)(1)	Mixed age group—group size
19. (d)(7)	Administrative Oversight policy	(f)(2)	Designated director—training
20. (d)(7)	Personnel policies	(a)(2)	CPR certified program staff
21. (d)(1)	Daily attendance-children/staff- keep 1 yr.	(h)(1)	First aid certified program staff
22. (f)	ACCESS	(h)(2)	PROFESSIONAL DEVELOPMENT
23. (h)	Immediate access by parents	(4)(C)(ii-v)	Documentation of prof. dev/trainings
24. (l)	Immediate access by OEC-facility/records	(4)(C)(i)	Health & Safety training
25. (m)	2.8 yr olds in prek-authorization	(e)(6)	1% annual hours
26. (n)	Motor vehicle laws—transportation	(e)(6)	SWIMMING ACTIVITIES - <input checked="" type="checkbox"/>
27. (o)	Capacity	(i)(1)(A)-(D)	Swimming-Ratios
28. (o)	Respond to OEC-no false, misleading statements or documents	(i) -	Non-swimmers identified
29. 3a(e)(1)	POSTINGS	(i)(2)(A-H)	CPR certified staff—age 20 or older
30. 3a(e)(2)	License posted	(F)	Lifeguard—certified—supervising
31. 3a(d)(6)(C)	OEC Complaint Procedure posted	(i)(2)	CONSULTANTS
32. 3a(e)(3)	Administrative Oversight policy	(H)(i)-(I)(i)	Consultants—Education, Health, Social Service, Dietitian (Dietitian N/A)
33. 3a(e)(4)	Menus posted		Consultant agreements—signed annually—agreements complete w/required services
34. 3a(e)(5)	No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
35. 3a(e)(6)	OEC Inspection report posted or available		Consultant visits- Education/Health
36. 7a(e)(17)	Dev. Milestones posted		Contracts
37. 10(g)(8)	Radon Test posted		Logs
	Safe Sleep policy posted (Schls-N/A)		Visits

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

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission 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"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection <u> </u> (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 -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>8/27/24</u>
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<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)	WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: <u>8/10/23</u>
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: <u> </u> (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
		(c)(6)(A)	LEAD PAINT - Building Pre-78 (Y/N) Lead Test (Y/N) Results <u>No Lead detected</u>
		(c)(6)(B-D)	Lead Management Plan <u> </u>
<input checked="" type="checkbox"/>			Peeling Paint - Y(N) Inside/Outside

<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"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<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"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.		Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		<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"/> (e)(5)	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.		TELEPHONE/TELEPHONE NUMBERS
		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
		<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.		LIGHTING
		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-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"/>	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: <u>1.1</u> (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

PROGRAM NAME	CHILDREN'S HOUSE of MARIETTA/SSPM ON CAMP	LICENSE NUMBER	70-174	EXPIRES	5/14/25
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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 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"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>		(i)	WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(b)	EDUCATIONAL REQUIREMENTS
		(i)-(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

UNDER THREE ENDORSEMENT 19a-79-10

	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)(A-i-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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
		(c)(2)	Activities not a duplication of child's day
		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
			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

NAME: CHILDREN'S HOUSE of MIDDLESEX CT **INSPECTION NUMBER:** 70794 **DATE:** 5/14/25

SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13**

- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

- 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
- (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

NIGHT CARE ENDORSEMENT 19a-79-13 (b)(1)-(10)

- 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 appare/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

- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a

- 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
 - (b)(3)(A-B) Authorized prescriber/parent permission
 - (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 161. (b)(4)(A-B) Medication Administration Records (MAR)
- 162. (b)(5)(A-B) Labeling and Storage
- 163. (b)(5)(C) Emergency medication inaccessible
- 164. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 165. (b)(5)(E) Auto-injector/inhalant equipment
- 166. (b)(6) Self-administration documentation
- 167. (b)(7)(A-B) Petition for special medication authorization
- 168. (b)(6) Potassium Iodide (KI) emergency
- 169. (b)(7)(A-B) distribution-permission and storage (N/A)
- 170. (d)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

"Policy review checklist provided during inspection highlighting changes to the child care regulations, effective October 16, 24. Program must ensure policies are updated to reflect new requirements."

→ Complaint procedure provided

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Inspector: [Signature]
Inspected by: Johanne Dalo

Signature of person in charge: [Signature]
Printed Name: Taylor C. Walsh

CT DIVISION OF LICENSING
1 Columbus Blvd, Suite 302, Hartford, CT 06103
Tel: (800)282-6063 or (860)500-4450
Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 5/28/25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori in Camp License # 70794 Date: 5/14/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#35 (i)(2)(A-H): Observed 3 consultants agreements without required services.

Discussion:

→ 1 incomplete child health record missing chronic disease.

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: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/28/25

Signature: [Signature]
(Person in Charge)
Print Name: Taylor C. Walsh