

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

Nuttas @ Glastonbury TLE  
86 Oak St  
Glastonbury, CT 06033  
Nuttas @ Glastonbury LLC  
Glastonbury@TLEchildcare.com  
Anguanelle Deioatch

5/28/25  
70800  
FAO 781831

9:30am  
12/3/28  
Open

# of Staff Present:	14	# over 3 Present:	22	# under 3 Present:	32
Total Capacity:	142	Total Under 3 capacity:	78	Ages Served:	6w-12y12
		M-F 6:30am-6:30pm			

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

(c)(8)	Local Health Inspection-Date: 11/15/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records																				
		<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions																				
		<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks																				
		<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history																				
		<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history																				
		<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing																				
		<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%																				
		<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older																				
		<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff																				
		<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (d)(4)(A)	<b>RATIOS</b>																				
			<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
			<input checked="" type="checkbox"/> (d)(6)	Mixed age group																				
		<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Nap time ratio																				
		<input checked="" type="checkbox"/> 29.		Supervision-Indoors/Outdoors																				
			<input checked="" type="checkbox"/> (d)(5)	<b>GROUP SIZE</b>																				
			<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-Indoors/Outdoors																				
			<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-school age field trips/outdoors																				
		<input checked="" type="checkbox"/> 30.	(e)(1)	Mixed age group-group size																				
		<input checked="" type="checkbox"/> 31.	(f)(1)	Designated director-training																				
		<input checked="" type="checkbox"/> 32.	(f)(2)	CPR certified program staff																				
		<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (a)(2)	First aid certified program staff																				
			<input checked="" type="checkbox"/> (h)(1)	<b>PROFESSIONAL DEVELOPMENT</b>																				
			<input checked="" type="checkbox"/> (h)(2)	Documentation of prof. dev/trainings																				
			<input checked="" type="checkbox"/> (4)(C)(ii-v)	Health & Safety training																				
			<input checked="" type="checkbox"/> (4)(C)(i)	1% annual hours																				
			<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>																				
			<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios																				
			<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Non-swimmers identified																				
			<input checked="" type="checkbox"/> (i) -	CPR certified staff-age 20 or older																				
			<input checked="" type="checkbox"/> (i)(2)(A-H)	Lifeguard-certified-supervising																				
			<input checked="" type="checkbox"/> (F)	<b>CONSULTANTS</b>																				
			<input checked="" type="checkbox"/> (i)(2)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
			<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant agreements-signed annually-agreements complete w/required services																				
				Consultant logs-documented activities, observations and required services																				
				Consultant visits- Education/Health																				
				<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					

36. (a)(1)(A-C)  
 37.  (a)(1)(D)(i)  
 (a)(1)(D)(ii)  
 (a)(1)(D)(iii)  
 (a)(1)(D)(iv)  
 38. (a)(2)(A-B)  
 39. (a)(2)(C)  
 40. (a)(2)(E)  
 41. (a)(3)(A)  
 42. (a)(3)(B)  
 43. (a)(3)(C)(i-ii)  
 44. (a)(3)(D)  
 45. (a)(4)

Children's Enrollment information  
**PARENT PERMISSIONS**  
 Emergency medical permission  
 Authorized release permission  
 Field trip permission  
 Transportation permission  
 Child Health Records  
 Immunization records  
 Individual care plan-signed by parents/staff  
 Injury, Illness, Incident, Accident reports  
 Parent notification of illness or injury  
 Notify OEC of serious injuries, fatality  
 Notify DPH, local health-reportable diseases  
 Video recordings- keep 30 days

71. (d)(1)  
 72. (d)(2)  
 73. (d)(3)  
 74. (d)(3)  
 75. (d)(4)  
 76. (d)(5)  
 77. (d)(6), (f)(3)  
 78. (d)(7)  
 79.  
 81. (d)(8)  
 82. (d)(8)  
 (d)(9)

Emergency vehicle access  
 Walkways maintained  
 Windows protected to prevent falls  
 Window screens  
 Glass/mirrors protected- 36"  
 Overhead doors-locking devices, spring protectors (N/A)  
 Exits, stairs, hallways unobstructed  
 Individual storage of clothing and bedding  
**SMOKING**  
 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds  
 Matches/lighters inaccessible  
 Electrical safety - outlets inaccessible - covered or protected

6. (a)(1)  
 7. (a)(2)  
 8. (a)(3)  
 9. (a)(4)  
 10. (a)(5)  
 11. (a)(6)  
 12. (a)(7)  
 13. (a)(8)  
 14. (a)(9)  
 15. (a)(10)  
 16. (a)(11)  
 17. (b)(1)  
 18. (b)(2)  
 19.  (c)  
 20. (c)  
 21. (d)

Preparation, transportation of food-follow DPH Model Food Code (N/A)  
 Nutritious meals and snacks  
 Proper refrigeration-41 degrees  
 Menus-1 wk in advance- keep 3 mths  
 Food Service Inspection 11/15/24 (N/A)  
 Kitchen-clean/safe storage of food/supplies(N/A)  
 Separate hand washing facilities  
 Multi-use eating/drinking utensils  
 Kitchen separated (N/A)  
 Children supervised during meal prep  
 Handwashing-staff/children  
 Illness procedures-staff knowledgeable, children observed for signs/symptoms  
 Designated isolation area  
**FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  
**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  
**FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

83. (d)(10)(A)  
 84. (d)(10)(B)  
 (d)(10)(C)  
 (d)(10)(C)  
 (d)(10)(E)  
 (d)(10)(E)  
 (d)(10)(F)  
 (d)(10)(G)  
 (d)(10)(H)  
 (d)(11)  
 85. (e)(1)  
 86. (e)(2)  
 87. (e)(3)  
 88. (e)(4)  
 89. (e)(5)  
 90. (e)(5)  
 91. (e)(6)  
 92. (e)(7)  
 93. (e)(7)  
 94. (e)(7)  
 (e)(8)  
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 (e)(11)  
 (e)(12)  
 (e)(13)  
 (e)(14-15)  
 (e)(16)  
 (e)(17)  
 (e)(18)  
 (f)(1)(A)  
 (g)(1)  
 (g)(2)  
 (g)(3)  
 (g)(4)

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

62. (a)(2)  
 63. (b)  
 64. (b)(1)-(5)  
 65. (b)(6)  
 66. (c)(2)  
 67. (c)(3)  
 68. (c)(4)  
 69.  (c)(5)(A)  
 (c)(5)(B)  
 (c)(5)(C)  
 70.  (c)(6)(A)  
 (c)(6)(B-D)

Fire marshal codes/certificate 9/20/24  
 Indoor/Outdoor space inspected/approved  
 Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission  
 Licensed premises-clean, good repair, hazard free, maintenance program  
 Building/Equipment/Furnishings-sanitary, hazard free (N/A)  
 Testing of premises/grounds for chemicals  
**WATER SUPPLY** - Public/Well (Schools-N/A)  
 Lead Water Test - Date: 11/12/24  
 Bact./Chem Test-Date: \_\_\_\_\_ (N/A)  
 Drinking water available/accessible  
**LEAD PAINT** - Building Pre-78:  Y/ N Lead Test:  Y/ N 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 REPORT**

Mettas @ Grastonbury TLE

INSPECTION NUMBER: 70800 DATE OF INSPECTION: 5/28/25

**PHYSICAL REQUIREMENTS 19a-79-7a cont.**

108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
110.	(j)	No weapons/no facsimile of a firearm
111.	(h)(1)	Adequate space- 75 sq. ft. per child
	(h)(2)	Shock absorbing surfaces-minimum 8"
	(h)(3)	Playground free from hazards
	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	(h)(5)	Outside equipment anchored-anchors buried
	(h)(6)	New equip- cert play. Inspection upon request
	(h)(8)	Drinking water available/accessible
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
112.	(h)(7)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(A)	Fences installed to protect from hazards-4 ft
	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
14.	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**UNDER THREE ENDORSEMENT 19a-79-10-700**

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/developed
129.	(f)(1)	<b>LINENS/CLOTHING</b>
	(f)(2)	Linens/emergency clothing available
	(f)(3)	Linens washed weekly or as needed
	(f)(4)	Linens/clothing stored individually
130.	(g)(1)	Cribs/cots cleaned-linens changed when shared
	(g)(1)	<b>SAFE SLEEP</b>
	(g)(1)	Under 12 mths placed on back for sleeping
	(g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	(g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	(g)(4)	Infants allowed to adopt other sleep positions
	(g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	(g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	(g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	(g)(8)	Observe/assess infants at least every 15 minutes
131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	(h)(1)	Safe sleep policies - parents informed
	(h)(2)	<b>TOYS AND OTHER OBJECTS</b>
	(h)(2)	Infant toys-separate/washed/sanitized daily
	(i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
135.	(j)	No toys/objects less than 1 1/4" diameter
136.	(k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	(k)(2)	Health consultant visits/documentation
	(k)(3)	<b>FEEDING</b>
	(k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	(k)(5)	Written feeding schedule from parent-updated
137.	(l)(1)	Unused formula/milk discarded after feedings
	(l)(1)	Clean bottles/disposable bottles/appvd washing
	(l)(2)	Baby food served from dish or whole jar
	(l)(3)	Bottles labeled with child's name
138.	(l)(3)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
139.	(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

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

**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)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.	(e)(1)	<b>DIAPERING</b>
	(e)(1)	Diaper area: elevated/sturdy/safety rail

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

140.	(b)	Approved Schl Age Endorsement
141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
	(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
	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
143.	(e)	Ratio- 1:15
144.	(e)	Group size- max. 30

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

PROGRAM NAME: Nuttas @ Glastonbury TLE  
 SCHOOL AGE ENDORSEMENT 19a-79-11 ON  
 LICENSING NUMBER: 70800 DATE OF INSPECTION: 10/16/25  
 MONITORING OF DIABETES 19a-79-13

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

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

47. (b) Approved Night Care Endorsement  
 48. (b)(1) Person in charge-head teacher  
 49. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 50. (b)(3) Written plan for supervision including cot placement and evacuation  
 51. (b)(4) Children in care no more than 12 hrs. in 24  
 52. (b)(5) Staff awake and available  
**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  
 54. (b)(8) Air temp 65 °F at 3 ft  
 55. (b)(9) Fire marshal approval-hours specified  
 56. (b)(10) Local health approval

171. (a)(1)  
 172. (b)(1)(A)  
 (b)(1)(B)  
 (i)-(iii)  
 (b)(2)  
 (b)(3)  
 (c)(2)  
 (c)(3)  
 173. (d)(1)  
 174. (d)(2)  
 175. (d)(3)  
 176. (d)(3)  
 177. (e)(1)  
 178. (e)(2)  
 179. (e)(3)

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

**ADMINISTRATION OF MEDICATIONS 19a-79-9a ON**

57. (9a) Written medication policies/procedures  
 58. (9a) Permit enrollment of children with asthma, allergies, diabetes  
**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  
**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)

**ADDITIONAL VIOLATION**

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

**DISCUSSIONS/COMMENTS**

- temperatures in classroom 7wad at 63.7°f.  
 - Toddler storage in Bathroom and Diaper policy posted

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

Signature OEC staff: Dina Miller  
K. Kellerman  
 Signature: [Signature]  
 Inspection shall be posted or available for review upon request.  
 Written Corrective Action Plan Due by: 6/11/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nittas @ Glastonbury TLE License # 70800 Date: 5/28/25

Observations/Corrections needed:

Regulations not in compliance when observed:

#5-3 staff not have annual policy training

#35 - Dietitian log of reviewing policies/procedures

Not observed

~~#38 - 1 child health record not current (KK)~~

~~#39 - 1 flu shot not available~~

#66 - water stains in Tward A, Preb B

Dirty microwave in kitchen

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) K Kellerman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/1/25

Signature: [Signature]  
(Person in Charge) Anquarone DeLeon