

**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:	Blue Skies Early Education Center	Date of Inspection:	5/27/25	Time of Arrival:	1:00pm
Address:	802 Boston Post Rd	License Number:	Pending	Expiration Date:	pending
Town:	West Haven	Telephone Number:	203-932-3110	Summer Care:	open
Operator:	Blue Skies Early Learning Center LLC	# of Staff Present:	2	# over 3 Present:	—
Email:	blueskies.eec@gmail.com	Total Capacity:	Pending	Total Under 3 capacity:	Pending
Designated Director:	Kelly Pazmino	Hours/Days of Operation:			M-F 6:30am-6:30pm

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: _____

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 (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27.
 - (d)(4)(A)
 - (d)(4)(B)
 - (d)(6)
 - (d)(4)(D)
- 28.
- 29.
 - (d)(5)
 - (d)(5)(A)
 - (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
 - (a)(2)
 - (h)(1)
 - (h)(2)
- 34.
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
- 35.
 - (i)(1)(A)-(D)
 - (i) - (j)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 – Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
Consultant agreements-signed annually-agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

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PROGRAM NAME	Blue Skies Early Education Center	LICENSE NUMBER	Pending	DATE OF INSPECTION	5/27/25
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RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

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

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (c) **FIRST AID SUPPLIES**-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- (d) **FIRST AID SUPPLIES**-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

- 82. (d)(10)(A) **TOILETING**
 - (d)(10)(B) Shared toilets/sinks-supervision plan
 - (d)(10)(C) Toileting needs met
 - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 - (d)(10)(E) Required toilets/sinks-1:16
 - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 - (d)(10)(E) Handwashing staff/children
 - (d)(10)(F) Toilets/sinks located at the facility
 - (d)(10)(G) Well lighted/ventilated toilet rooms
 - (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. **AIR TEMPERATURE**
 - (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall
 - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 - 86. (e)(3) Water temperature 60°F-120°F
 - 87. (e)(4) Portable space heaters prohibited
 - 88. **WALLS/CEILINGS/FLOORS/RUGS**
 - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 - (e)(5) Rugs- not a tripping/slipping hazard
 - 90. (e)(6) Hot water/Steam pipes protected
 - 91. **TELEPHONE/TELEPHONE NUMBERS**
 - (e)(7) Working phone on each level
 - (e)(7) Emergency numbers posted-adjacent to phones
 - (e)(7) Parents provided direct on site phone number
 - 94. **LIGHTING**
 - (e)(8) All areas min. 1 foot candle of lighting
 - (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 - (e)(9) Enough lighting for comfort
 - (e)(9) Light fixtures shielded/shatter proof
 - 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 - 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 - 97. (e)(12) Stairs-protected/good repair-handrails
 - 98. (e)(13) Toxic plants/materials inaccessible
 - 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 - 100. (e)(16) Measures to prevent vermin
 - 101. (e)(17) Radon test- Results: _____ (Schls-N/A)
 - 102. (e)(18) Carbon monoxide detector-each level N/A
 - 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
 - 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 - 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 - 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
 - 107. (g)(4) Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

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

- 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(12) Stairs-protected/good repair-handrails
- 98. (e)(13) Toxic plants/materials inaccessible
- 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 100. (e)(16) Measures to prevent vermin
- 101. (e)(17) Radon test- Results: _____ (Schls-N/A)
- 102. (e)(18) Carbon monoxide detector-each level N/A
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PHYSICAL PLANT 19a-79-7a 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 type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		OUTDOOR SPACE
		<input type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input type="checkbox"/> (h)(3)	Playground free from hazards
		<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input type="checkbox"/>	114.		WATER HAZARDS
		<input type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input type="checkbox"/> (i)	Wading pools prohibited
		<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<input 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 checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input 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 checked="" 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 cont.

<input type="checkbox"/>	128.	<input type="checkbox"/> (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.	<input type="checkbox"/> (f)(1)	
		<input type="checkbox"/> (f)(2)	
		<input type="checkbox"/> (f)(3)	
		<input type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (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-slug 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
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(2)	
		<input checked="" type="checkbox"/> (g)(3)	
		<input checked="" type="checkbox"/> (g)(4)	
		<input checked="" type="checkbox"/> (g)(5)	
		<input checked="" type="checkbox"/> (g)(6)	
		<input checked="" type="checkbox"/> (g)(7)	
		<input checked="" type="checkbox"/> (g)(8)	
<input type="checkbox"/>	131.	<input type="checkbox"/> (h)(1)	
		<input type="checkbox"/> (h)(1)	
		<input type="checkbox"/> (h)(2)	
		<input type="checkbox"/> (h)(2)	
<input checked="" 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)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	
		(c)(1)	
		(c)(2)	
		(c)(3)	
		(d)	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"/>	143.	(d)	
<input type="checkbox"/>	144.	(e)	

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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N				MONITORING OF DIABETES 19a-79-13 Y/N			
<input type="checkbox"/> 145.	(f)	NA	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 type="checkbox"/> 146.	(g)		Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A) (b)(1)(B) (i)-(iii)		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N				<input checked="" type="checkbox"/> 173.	(b)(2) (b)(3) (c)(2) (c)(3)		
<input type="checkbox"/> 147.	(b)	NA	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174.	(d)(1)		
<input type="checkbox"/> 148.	(b)(1)		Person in charge-head teacher	<input checked="" type="checkbox"/> 175.	(d)(2)		
<input type="checkbox"/> 149.	(b)(2)		Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176.	(d)(3)		
<input type="checkbox"/> 150.	(b)(3)		Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177.	(e)(1)		
<input type="checkbox"/> 151.	(b)(4)		Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178.	(e)(2)		
<input type="checkbox"/> 152.	(b)(5)		Staff awake and available	<input checked="" type="checkbox"/> 179.	(e)(3)		
<input type="checkbox"/> 153.	(b)(6)		SLEEP PROVISIONS				
<input type="checkbox"/> 154.	(b)(8)		Individual cot/crib with bedding				
<input type="checkbox"/> 155.	(b)(9)		Sleeping apparel/toiletries labeled				
<input type="checkbox"/> 156.	(b)(10)		Local health approval				
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N				ADDITIONAL VIOLATION			
<input checked="" type="checkbox"/> 157.	(9a)	NA	Written medication policies/procedures	<input type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)	
<input checked="" type="checkbox"/> 158.	(9a)		Permit enrollment of children with asthma, allergies, diabetes	DISCUSSIONS/COMMENTS * Part 1 of initial inspection completed virtually through teams. * all items v'd off were discussed * remaining items will be inspected during initial inspection at another time. NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input type="checkbox"/> 159.	(a)(2)		NONPRESC. TOPICAL MEDICATION				
<input type="checkbox"/> 160.	(a)(3)(A-B)		Admin/Parent permission/report errors				
<input type="checkbox"/> 161.	(a)(3)(C)		Labeling and Storage				
<input checked="" type="checkbox"/> 162.	(b)(1)(A/C)		Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/> 163.	(b)(1)(D)		MEDICATION TRAINING				
<input checked="" type="checkbox"/> 164.	(b)(1)(E)		Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> 165.	(b)(1)(F)		Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> 166.	(b)(2)(A-B)		Rectal medication				
<input checked="" type="checkbox"/> 167.	(b)(2)(C)	Injectable other than premeasured auto-injector					
<input checked="" type="checkbox"/> 168.	(b)(3)(A-B)	Training approval documents/certificates					
<input checked="" type="checkbox"/> 169.	(b)(3)(D)	Training outline on file					
<input type="checkbox"/> 170.	(b)(4)(A-B)	Authorized prescriber/parent permission					
<input type="checkbox"/> 171.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification					
<input type="checkbox"/> 172.	(b)(5)(C)	Medication Administration Records (MAR)					
<input type="checkbox"/> 173.	(b)(5)(D)	Labeling and Storage					
<input type="checkbox"/> 174.	(b)(5)(E)	Emergency medication inaccessible					
<input type="checkbox"/> 175.	(b)(6)	Unused/Expired meds-destroyed/returned					
<input type="checkbox"/> 176.	(b)(7)(A-B)	Auto-injector/inhalant equipment					
<input type="checkbox"/> 177.	(d)	Self-administration documentation					
<input type="checkbox"/> 178.	(d)	Petition for special medication authorization					
<input type="checkbox"/> 179.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)					
Signature of OEC staff		Fil Montanye		Signature of person in charge		Conducted via Teams	
Printed Name		Fil Montanye		Printed Name		Emailed copy	
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: oec.licensing@ct.gov				Inspection shall be posted or available for review upon request.			
				Written Corrective Action Plan Due by: NA		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	