

**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:	Neighborhood Music School ^{Preschool 3} Toddlers RGY	Date of Inspection:	5.29.25	Time of Arrival:	9:40
Address:	100 Audubon St	License Number:	12181	Expiration Date:	12/31/28
Town:	New Haven 06510	Telephone Number:		Summer Care:	closed
Operator:	Neighborhood Music School Inc.	# of Staff Present:		# over 3 Present:	
Email:	Cmissakian@nmsnewhaven.org	Total Capacity:	35	Total Under 3 capacity:	8
Designated Director:	Christine Missakian	Hours/Days of Operation:		# under 3 Present:	
				Ages Served:	low 5yrs.

Instruction Codes: ✓ = Regulation in Compliance O = 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

1. (c)(8) Local Health Inspection-Date: 10-3-24

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-COMplete/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

STAFFING and CONSULTANTS 19a-79-4a

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

	Contracts	Logs	Visits
Education	✓ INC	✓	✓
Health	✓ INC	✓	✓
Soc. Serv.	✓ INC	✓	
Dietitian	NA	NA	
 - (H)(i)-(I)(i)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Neighborhood Music School Preschool 3 Toddler PGM	LICENSE NUMBER	1218/	DATE OF INSPECTION	5.29.25
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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 checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<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)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

<input checked="" 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 checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" 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 checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
		<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (e)(3)	
		<input checked="" type="checkbox"/> (e)(4)	
		<input checked="" type="checkbox"/> (e)(5)	
		<input checked="" type="checkbox"/> (e)(6-9)	
		<input checked="" type="checkbox"/> (e)(7)	
		<input checked="" type="checkbox"/> (e)(8)	
		<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
		<input checked="" type="checkbox"/> (f)(2)	
		<input checked="" type="checkbox"/> (f)(3)	
		<input type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-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 TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input checked="" type="checkbox"/> (g)(1)	
		<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 checked="" type="checkbox"/>	131.	(h)(1)	
		<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(2)	
		<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(j)	
		<input checked="" type="checkbox"/> (k)(1)	
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input type="checkbox"/>	141.	(c)	
		<input type="checkbox"/> (c)(1)	
		<input type="checkbox"/> (c)(2)	
		<input type="checkbox"/> (c)(3)	
<input type="checkbox"/>	143.	(d)	
<input type="checkbox"/>	144.	(e)	

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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

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

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 9-16-24
- 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: 8/23/24
 - (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 no lead identified
 - (c)(6)(B-D) Lead Management Plan _____
- Peeling Paint - Y/N Inside/Outside

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
 - (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 81. **TOILETING**
 - (d)(10)(A) Shared toilets/sinks-supervision plan
 - (d)(10)(B) Toileting needs met
 - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 - (d)(10)(C) 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)
- 82. **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
 - (e)(3) Water temperature 60°F-120°F
 - (e)(4) Portable space heaters prohibited
- 83. **WALLS/CEILINGS/FLOORS/RUGS**
 - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 - (e)(5) Rugs- not a tripping/slipping hazard
 - (e)(6) Hot water/Steam pipes protected
- 84. **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
- 85. **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
 - (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 - (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 - (e)(12) Stairs-protected/good repair-handrails
 - (e)(13) Toxic plants/materials inaccessible
 - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 - (e)(16) Measures to prevent vermin
 - (e)(17) Radon test- Results: 4-16-00 0.8 (Schls-N/A)
 - (e)(18) Carbon monoxide detector-each level N/A
 - (f)(1)(A) Program space-adequate-35 sq. ft. per child
 - (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 - (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 - (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
 - (g)(4) Developmentally app equipment, materials
- 86. _____
- 87. _____
- 88. _____
- 89. _____
- 90. _____
- 91. _____
- 92. _____
- 93. _____
- 94. _____
- 95. _____
- 96. _____
- 97. _____
- 98. _____
- 99. _____
- 100. _____
- 101. _____
- 102. _____
- 103. _____
- 104. _____
- 105. _____
- 106. _____
- 107. _____

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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input 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) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						(b)(2)	
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement			(b)(3)	
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	173.	(c)(2)	
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			(c)(3)	
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	174.	(d)(1)	
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	175.	(d)(2)	
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	176.	(d)(3)	
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>	177.	(e)(1)	
		<input type="checkbox"/>	(b)(6) Individual cot/crib with bedding			(e)(2)	
		<input type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled			(e)(3)	
		<input type="checkbox"/>	(b)(6)(B) Required bedding				
		<input type="checkbox"/>	(b)(6)(C) Required toiletries				
		<input type="checkbox"/>	(b)(6)(D) Bedding/sleeping apparel laundered weekly				
		<input type="checkbox"/>	(b)(7) Sleep arrangements for infants				
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	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 -reviewed new regs effective 10/16/24 -all items checked/checked were observed or discussed -Policy Review checklist provided during inspection highlighting changes to the child care center regs, effective 10/16/24 Program to ensure policies are updated to reflect new requirements NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
		<input checked="" type="checkbox"/>	(a)(2) Admin/Parent permission/report errors				
		<input checked="" type="checkbox"/>	(a)(3)(A-B) Labeling and Storage				
		<input checked="" type="checkbox"/>	(a)(3)(C) Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
		<input checked="" type="checkbox"/>	(b)(1)(A/C) Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	(b)(1)(D) Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	(b)(1)(E) Rectal medication				
		<input checked="" type="checkbox"/>	(b)(1)(F) Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	(b)(2)(A-B) Training approval documents/certificates				
		<input checked="" type="checkbox"/>	(b)(2)(C) Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

Signature of OEC staff	<i>Jen Schultz</i>	Signature of person in charge	
Printed Name	Jen Schultz	Printed Name	CHRISTINE MISSAFIAN

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: 6.12.25
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/> *

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Neighborhood Music School License # 1218 Date: 5.29.25
Preschool & Toddler PGM

Observations/Corrections needed:

regulation not in compliance when...
#35 (1)(1)(2)(A-H) consultant agreements. Observed to be current, not including all required services in accordance with new regs effective 10/16/24

Discuss

observed 1 staff health record to have expired this week. adult medical statements good 3 yrs.

If using indoor climbing equipment must comply with manufacturer guidelines and ensure adequate shock absorbing material under/around all fall zones

Samples on OEC website, links to CPSC

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: Jennifer Schuss
(OEC Representative)

Print Name: Jen Schuss

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Christine Missakian
(Person in Charge)

OEC BY: 6.12.25

Print Name: CHRISTINE MISSAKIAN