


DIVISION OF LICENSING

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CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	CALVARY NURSERY SCHOOL					License Number	DCCC.14346		Date of Inspection	06/02/2025	
						Expiration Date	4/30/2026		Time of Inspection	10:45 AM	
Address	27 CHURCH ST STONINGTON CT 06378-1344					Telephone	(860) 535-0398		Licensed Capacity	30	
						Hours of Operation	8:00 AM — 4:00 PM		Under Three Capacity	0	
Is this a Change of Address?	Yes?		No?		X	Days of Operation	Mon-Fri		Ages Served	3 — 5 years years	
New Address						Night Hours	No	Summer Hours	Closed	Weekend Hours	No
						Program's Email	nurseryschool@calvarychurchstonington.org				
Operator	CALVARY EPISCOPAL CHURCH					Director	SALLY S. BOOTH				
Endorsements	Pre-School, School Age					Name of Inspector	Bridget Merrill				
Key: Compliant = X Non-Compliant = O	# Children Present under age 3	0	# Total Children Present	24	# of Staff Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL			

LICENSURE PROCEDURES 19a-79-2a

X	<u>1. 19a-79-2a(c)(8)</u> LOCAL HEALTH INSPECTION DATE: 04/29/2025	
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ADMINISTRATION 19a-79-3a

X	<u>2. 3a(a)</u> ENSURING HEALTH & SAFETY OF CHILDREN	
X	<u>3. 3a(b)</u> OVERALL MANAGEMENT OF PROGRAM	
X	<u>4. 3a(b)(6)</u> EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF	
X	<u>5. 3a(b)(6)</u> ANNUAL POLICY TRAINING FOR PROGRAM STAFF	
X	<u>6. 3a(b)(7)(A)</u> CHILD BEHAVIOR MANAGEMENT	

O	7. 3a(b)(7)(B) DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES	Program not in compliance with maintaining the documentation that parents were informed of behavior management techniques for 1 child.
X	8. 3a(b)(7)(C) CHILD PROTECTION	
X	9. 3a(b)(7)(E) MANDATED REPORTING	
X	10. 3a(c)(1-4) NOTIFICATION OF CHANGE	
X	11. 3a(d)(1)-(6) POLICIES- COMPLETED, IMPLEMENTED	☐ DISCIPLINE (d)(2)(A) ☐ CHILD PROTECTION (d)(2)(B-C) ☐ CLOSING TIME (d)(3) ☐ MEDICAL EMERGENCY (d)(4)(A) ☐ MULTI-HAZARDS (d)(4)(B) ☐ SUPERVISION (d)(5) ☐ GENERAL OPERATING (d)(6) ☐ PERSONNEL (d)(7) ☐ ADMINISTRATIVE OVERSIGHT (d)(6)(C)
O	12. 3a(d)(1) DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR	Program not in compliance with maintaining attendance records for staff when 1 staff was not observed to sign in on a daily basis.
X	13. 3a(f) IMMEDIATE ACCESS BY PARENTS	☐ ACCESS BY PARENTS (f) ☐ ACCESS BY OEC (h)
X	14. 3a(l) 2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION	
X	15. 3a(m) MOTOR VEHICLE LAWS – TRANSPORTATION	
X	16. 3a(n) CAPACITY	
X	17. 3a(o) RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS	
X	18. 3a(e)(1)-(6) POSTINGS	☐ LICENSE (e)(1) ☐ OEC COMPLAINT PROCEDURE (e)(2) ☐ ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c) ☐ MENUS (e)(3) ☐ NO SMOKING SIGNS (e)(4) ☐ OEC INSPECTION REPORT (e)(5) ☐ RADON TEST 7a(e)(17) ☐ SAFE SLEEP POLICY 10(g)(8) ☐ DEVELOPMENTAL MILESTONES (e)(6)

STAFFING AND CONSULTANTS 19a-79-4a		
X	19. 4a(a)(1) STAFF HEALTH RECORDS	
X	20. 4a(a)(3) DISCIPLINARY ACTIONS	
X	21. 4a(b) COMPREHENSIVE BACKGROUND CHECKS	
X	21a. 4a(b)(4) PAST EMPLOYMENT HISTORY	
X	22. 4a(b)(4) EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY	
X	23. 4a(d) ADEQUATE STAFFING	
X	24. 4a(d)(1) DESIGNATED HEAD TEACHER – APPROVED – 60%	
X	25. 4a(d)(2) TWO STAFF PRESENT – AGE 18 OR OLDER	
X	26. 4a(d)(3)(A-C) PERSONAL QUALITIES OF STAFF	
X	27. 4a(d)(4)(A) RATIOS 1:10 – INDOORS AND OUTDOORS	☐ 1:10 INDOORS/OUTDOORS (d)(4)(A) ☐ MIXED AGE GROUPS (d)(4)(b) ☐ NAP TIME (d)(6)
X	28. 4a(d)(4)(D) SUPERVISION – INDOORS AND OUTDOORS	
X	29. 4a(d) GROUP SIZE – INDOORS AND OUTDOORS	☐ MAX 20 INDOORS/OUTDOORS (d)(5) ☐ SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) ☐ MIXED AGE GROUP (d)(5)(B)
X	30. 4a(e)(1) DESIGNATED DIRECTOR – TRAINING	
X	31. 4a(f)(1) CPR CERTIFIED PROGRAM STAFF	

X	32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF				
O	33. 4a(d)/(h) PROFESSIONAL DEVELOPMENT	☒ DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) ☒ HEALTH & SAFETY TRAINING (h)(1) ☐ 1% ANNUAL HOURS (h)(2)			
		Program not in compliance with maintaining documentation of new employee orientation for 2 staff. Program not in compliance with ensuring staff have taken the required health & safety training by 2 staff.			
X	34. 4a(C)-(e) SWIMMING ACTIVITIES	☐ SWIMMING RATIOS (4)(C)(ii-v) ☐ NON-SWIMMERS IDENTIFIED (4)(C)(i) ☐ CPR CERT STAFF-AGE 20+ (e)(6) ☐ LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)			
	SWIMMING OFFERED? N				
O	35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS	☐ CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D) ☒ CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H) ☐ CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F) ☐ CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)			
		Program not in compliance with maintaining current/complete consultant agreements when consultant agreement didn't containing wording as specified in October 2024 regulations			
	NOT IN COMPLIANCE	EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN N/A? Y
	CONTRACTS				
	LOGS				
	VISITS				
RECORD KEEPING 19a-79-5a					
O	36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION	Program not in compliance with maintaining current/complete enrollment information for each child when child home addresses were not documented on child enrollment forms.			
X	37. 5a(a)(1)(D) PARENT PERMISSIONS	☐ EMERGENCY MEDICAL PERMISSION (D)(i) ☐ AUTHORIZED RELEASE PERMISSION (D)(ii) ☐ FIELD TRIP PERMISSION (D)(iii) ☐ TRANSPORTATION PERMISSION (D)(iv)			
O	38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS	Program not in compliance with maintaining current/complete health records for 2 children.			
X	39. 5a(a)(2)(C) IMMUNIZATION RECORDS				
O	40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN- SIGNED BY PARENTS/STAFF	Program not in compliance with maintaining parent signatures on individual care plan for child with Asthma.			
X	41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS				
X	42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY				

X	43. 5a(a)(3)(C)(i-ii) NOTIFY OEC OF SERIOUS INJURIES, FATALITY	
X	44. 5a(a)(3)(D) NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES	
X	45. 5a(a)(4) VIDEO RECORDINGS- KEEP FOR 30 DAYS	
HEALTH AND SAFETY 19a-79-6a		
	46. 5a(a)(1) N/A: Y PREPARATION AND TRANSPORTATION OF FOOD- FOLLOW DPH MODEL FOOD CODE	
X	47. 5a(a)(2) NUTRITIOUS MEALS AND SNACKS	
X	48. 5a(a)(3) PROPER REFRIGERATION (MAX 41°)	
X	49. 5a(a)(4) MENUS- 1 WK IN ADVANCE-KEEP 3 MONTHS	
	50. 5a(a)(5) N/A: Y FOOD SERVICE INSPECTION DATE: _____	
X	51. 5a(a)(6) N/A: KITCHEN-CLEAN – SAFE STORAGE OF FOOD/SUPPLIES	
X	52. 5a(a)(7) SEPARATE HAND WASHING FACILITIES	
X	53. 5a(a)(8) MULTI-USE EATING AND DRINKING UTENSILS	
X	54. 5a(a)(9) N/A: KITCHEN SEPARATED BY A DOOR OR GATE	
X	55. 5a(a)(10) CHILDREN SUPERVISED DURING MEAL PREP	
X	56. 5a(a)(11) HANDWASHING – STAFF AND CHILDREN	

X	57. 5a(b)(1) ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS	
X	58. 5a(b)(2) DESIGNATED ISOLATION AREA	
X	59. 5a(c-d) FIRST AID KITS AND SUPPLIES	☐ FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c) ☐ FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c) ☐ FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS- WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:
PHYSICAL PLANT 19a-79-7a		
X	62. 7a(a)(2) FIRE MARSHAL CODES – CERTIFICATE DATE: 09/27/2024	
X	63. 7a(b) INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE	
X	64. 7a(b)(1)-(5) CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION	
X	65. 7a(b)(6) SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION	
X	66. 7a(c)(2) LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM	
	67. 7a(c)(3) BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE	
X	68. 7a(c)(4) TESTING OF PREMISES OR GROUNDS FOR CHEMICALS	
X	69. 7a(c)(5)(A-C) WATER SUPPLY TYPE: Public Water (SCHOOLS-N/A)	☐ LEAD WATER TEST (c5)(A) Date: 06/24/2024 ☐ BACTERIAL/CHEMICAL TEST(c5)(B) Date: N/A: ☐ DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)

X	70. 7a(c)(6)(A-D) LEAD PAINT- BUILDING PRE-78? <u>Yes</u> ☐ PEELING PAINT – SAMPLE TAKEN _____	☐ PRE-78 LEAD TEST (c6)(A) TEST RESULTS: <u>Abatement Completed</u> ☐ LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____	
X	71. 7a(d)(1) EMERGENCY VEHICLE ACCESS		
X	72. 7a(d)(2) WALKWAYS MAINTAINED		
X	73. 7a(d)(2) WINDOWS PROTECTED TO PREVENT FALLS		
X	74. 7a(d)(3) WINDOW SCREENS		
X	75. 7a(d)(4) GLASS/MIRRORS PROTECTED UP TO 36"		
	76. 7a(d)(5) N/A: <u>Y</u> OVERHEAD DOORS- LOCKING DEVICES, SPRING PROTECTORS		
X	77. 7a(d)(6) – (f)(3) EXITS, STAIRS, HALLWAYS UNOBSTRUCTED		
X	78. 7a(d)(7) INDIVIDUAL STORAGE OF CLOTHING AND BEDDING		
X	79. 7a(d)(8) SMOKING	☐ SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS ☐ MATCHES/LIGHTERS INACCESSIBLE	
X	81. 7a(d)(9) ELECTRICAL SAFETY – OUTLETS INACCESSIBLE- COVERED OR PROTECTED		
X	82. 7a(d)(10)(A-H) TOILETING AND BATHROOMS	☐ SHARED TOILETS/SINKS-SUPERVISION PLAN (10A) ☐ TOILETING NEEDS MET (10B) ☐ POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C) ☐ REQUIRED TOILETS/SINKS 1:16 (10C) ☐ TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E) ☐ HANDWASHING STAFF/CHILDREN (10E) ☐ TOILETS/SINKS LOCATED AT THE FACILITY (10F) ☐ WELL LIGHTED/VENTILATED TOILET ROOMS (10G) ☐ MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A:) ☐ SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)	

X	83. 7a(d)(11) STAFF PERSONAL ARTICLES INACCESSIBLE	
X	84. 7a(e)(1-2) AIR TEMPERATURE AND FLUIDS	☐ AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1) ☐ AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2)
X	86. 7a(e)(3) WATER TEMPERATURE 60° – 120°	
X	87. 7a(e)(4) PORTABLE SPACE HEATERS PROHIBITED	
X	88. 7a(e)(5) WALLS, CEILINGS, FLOORS AND RUGS	☐ WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR ☐ RUGS- NOT A TRIPPING/SLIPPING HAZARD
X	90. 7a(e)(6) HOT WATER, STEAM PIPES PROTECTED	
X	91. 7a(e)(7) TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER	☐ WORKING PHONE ON EACH LEVEL ☐ EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES ☐ PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER
X	94. 7a(e)(8-9) LIGHTING AND FIXTURES	☐ ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) ☐ LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9) ☐ ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) ☐ ENOUGH LIGHTING FOR COMFORT (e9)
X	95. 7a(e)(10) POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE	
X	96. 7a(e)(11) GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR	
X	97. 7a(e)(12) STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS	
X	98. 7a(e)(13) TOXIC PLANTS/MATERIALS INACCESSIBLE	

	99. 7a(e)(14-15) N/A: Y PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN	
X	100. 7a(e)(16) MEASURES TO PREVENT VERMIN	
X	101. 7a(e)(17) Schls N/A: RADON TEST DATE: 11/16/2001 RESULTS: .8	
X	102. 7a(e)(18) N/A: OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL	
X	103. 7a (f)(1)(A) PROGRAM SPACE- ADEQUATE- 35 SQUARE FEET PER CHILD	
○	104. 7a(g)(1) EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS	Program not in compliance with ensuring that equipment is free from rust when metal rings behind 2 child toilets had visible rust.
X	105. 7a(g)(2) ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)	
X	106. 7a(g)(3) AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE	
X	107. 7a(g)(4) DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS	
X	108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS	
X	109. 7a(g)(6) INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND	
X	110. 7a(j) NO WEAPONS, NO FACSIMILE OF A FIREARM	

PHYSICAL PLANT- OUTDOOR SPACE

X	<u>111. 7a(h)(1-9)</u> OUTDOOR SPACE – HAZARDS EQUIPMENT DRINKING WATER	☐ ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1) ☐ SHOCK ABSORBING SURFACES- MIN. 8" (h2) ☐ PLAYGROUND FREE FROM HAZARDS (h3) ☐ NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4) ☐ OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5) ☐ DRINKING WATER AVAILABLE/ACCESSIBLE (h8) ☐ EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9) ☐ NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)
X	<u>112. (h)(7)(A-C)</u> OUTDOOR SPACE - PROTECTED - FENCING	☐ PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7) ☐ FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A) ☐ FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B) ☐ ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)
X	<u>114. (i)</u> WATER HAZARDS	☐ POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: ☐ WADING POOLS PROHIBITED ☐ HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:

EDUCATIONAL REQUIREMENTS 19a-79-8a

X	<u>115. (a)</u> WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS	
X	<u>116. (a)(1-11), (b)</u> EDUCATIONAL REQUIREMENTS – ACTIVITIES SCREEN TIME	☐ (a)(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/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

INFANT/TODDLER ENDORSEMENT 19a-79-10

IS THERE AN APPROVED ENDORSEMENT? No

	<u>117. 10(b)</u> APPROVED UNDER THREE ENDORSEMENT	
	<u>118. 10(c)(2)</u> RATIO OF STAFF TO CHILDREN 1:4 (6 WKS-24MTHS) 1:5 (24-36 MTHS)	

	<u>119. 10(c)(3)</u> GROUP SIZE - MAX 8 (6 WKS-24 MTHS) MAX 10 (24-36 MTHS)											
	<u>120. 10(c)(4)</u> PHYSICAL BARRIERS SEPARATING EACH GROUP (INDOORS AND OUTDOORS)											
	<u>121. 10(d)(1)(A-C)</u> ADEQUATE SINKS IN PROGRAM SPACE (GRP HOMES-ACCESSIBLE) HANDWASHING, DIAPERING, FOOD PREP USES											
	<u>122. 10(d)(2)(A i-iii)</u> CRIBS AND PACK-N- PLAYS- IN COMPLIANCE WITH CPSC											
	<u>123. 10(d)(2)(B)</u> WASHABLE COTS											
	<u>124. 10(d)(2)(C)</u> CHAIRS FOR FEEDING, STABLE BASE, SAFETY STRAPS, LOCKING TRAY											
	<u>125. 10(d)(2)(D)</u> DEVELOPMENTALLY APPROPRIATE TABLES, CHAIRS, EQUIPMENT											
	<u>126. 10(d)(2)(E)</u> REFRIGERATORS AND FOOD PREP FACILITIES											
	<u>127. 10(d)(3)(A-C)</u> OPTIONAL FURNITURE- EQUIPMENT- SAFE/HAZARD FREE											
	<u>128. 10(e)(1-10)</u> DIAPERING AND DIAPER AREAS <table border="0"> <tr> <td>☐ AREA ELEVATED/STURDY/SAFETY RAIL (e1)</td> <td>☐ AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)</td> </tr> <tr> <td>☐ AREA-WASHED/DISINFECTED AFTER USE (e4)</td> <td>☐ AREA NON-POROUS SURFACE/GOOD REPAIR (e3)</td> </tr> <tr> <td>☐ AREA- DISPOSABLE PAPER SHEETS (e5)</td> <td>☐ COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)</td> </tr> <tr> <td>☐ HANDWASHING- STAFF/CHILDREN (e7)</td> <td>☐ DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)</td> </tr> <tr> <td colspan="2">☐ CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)</td> </tr> </table>	☐ AREA ELEVATED/STURDY/SAFETY RAIL (e1)	☐ AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)	☐ AREA-WASHED/DISINFECTED AFTER USE (e4)	☐ AREA NON-POROUS SURFACE/GOOD REPAIR (e3)	☐ AREA- DISPOSABLE PAPER SHEETS (e5)	☐ COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)	☐ HANDWASHING- STAFF/CHILDREN (e7)	☐ DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)	☐ CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)		
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☐ CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)												
	<u>129. 10(f)(1-4)</u> LINENS AND CLOTHING <table border="0"> <tr> <td>☐ LINENS/EMERGENCY CLOTHING AVAILABLE (f1)</td> <td>☐ LINENS WASHED WEEKLY OR AS NEEDED (f2)</td> </tr> <tr> <td>☐ LINENS/CLOTHING STORED INDIVIDUALLY (f3)</td> <td>☐ CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)</td> </tr> </table>	☐ LINENS/EMERGENCY CLOTHING AVAILABLE (f1)	☐ LINENS WASHED WEEKLY OR AS NEEDED (f2)	☐ LINENS/CLOTHING STORED INDIVIDUALLY (f3)	☐ CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)							
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☐ LINENS/CLOTHING STORED INDIVIDUALLY (f3)	☐ CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)											

	130. 10(g)(1-8) SAFE SLEEP – POSITIONING CRIBS POLICIES	☐ UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1) ☐ CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1) ☐ INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2) ☐ OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6) ☐ NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4) ☐ ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1) ☐ NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3) ☐ NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4) ☐ TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7) ☐ SAFE SLEEP POLICIES- PARENTS INFORMED (g8)
	131. (h)(1) TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.	☐ INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1) ☐ TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1) ☐ NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2) ☐ PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)
	135. (i)(1)(2 A-C) HEALTH CONSULTANT VISITS- DOCUMENTATION	
	136. (j)-(k)(5) FEEDING – SCHEDULES INFANTS BOTTLES	☐ INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLER (j) ☐ WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1) ☐ UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2) ☐ CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3) ☐ BOTTLES LABELED WITH CHILD'S NAME (k)(5) ☐ BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4)
	137. (l)(1) OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)	
	138. (l)(2) OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN	
	139. (l)(3) SHOCK ABSORBING MATERIALS LESS THAN 1 ¼"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH & SAFETY	
SCHOOL AGE ENDORSEMENT 19a-79-11 IS THERE AN APPROVED ENDORSEMENT? Yes		
X	140. 11(b) APPROVED SCHOOL AGE ENDORSEMENT	

X	<u>141. 11(c)-(c)(3)</u> SCHEDULE- ACTIVITIES	☐ WRITTEN DAILY PROGRAM PLAN- FLEXIBLE SCHEDULE- AVAILABLE TO PARENT/STAFF (c) ☐ ACTIVITIES NOT A DUPLICATION OF CHILD'S DAY (c)(1) ☐ ACTIVITIES INCLUDE COGNITIVE, PHYSICAL, SOCIAL, EMOTIONAL NEEDS OF THE CHILDREN (c)(2) ☐ PROGRAM OFFERS FREE TIME, SNACKS, CREATIVE, PHYSICAL ACTIVITIES, SMALL GROUP, SELF-CONCEPT ACTIVITIES, HOMEWORK TIME, SPECIAL EVENTS (c)(3)
X	<u>143. 11(d)</u> RATIO – 1 : 15 – INDOORS AND OUTDOORS	
X	<u>144. 11(e)</u> GROUP SIZE – MAX. 30 CHILDREN – INDOORS AND OUTDOORS	
	<u>145. 11(f)</u> 4 YR OLDS ENROLLED IN SCHOOL AGE-WRITTEN AUTHORIZATION – PERMISSIONS FROM DIRECTOR/PARENT	
X	<u>146. 11(g)</u> DESIGNATED HEAD TEACHER- APPROVED- 60%	

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)

IS THERE AN APPROVED ENDORSEMENT? No

	<u>147. 12(b)</u> APPROVED NIGHT CARE ENDORSEMENT	
	<u>148. 12(b)(1)</u> PERSON IN CHARGE- HEAD TEACHER	
	<u>149. 12(b)(2)</u> WRITTEN PLAN FOR PROGRAM ACTIVITIES- MEET INDIVIDUAL NEEDS, SLEEP PATTERNS, QUIET TIME	
	<u>150. 12(b)(4)</u> WRITTEN PLAN FOR SUPERVISION INCLUDING COT PLACEMENT, EVACUATION	
	<u>151. 12(b)(4)</u> CHILDREN IN CARE NO MORE THAN 12 HRS. IN 24	
	<u>152. 12(b)(5)</u> STAFF AWAKE AND AVAILABLE	

	<u>153. 12(b)(6)-(7)</u> SLEEP PROVISIONS	☐ INDIVIDUAL COT/CRIB WITH BEDDING (b)(6) ☐ REQUIRED BEDDING (b)(6)(B) ☐ SLEEPING APPAREL/TOILETRIES LABELED (b)(6)(A) ☐ REQUIRED TOILETRIES (b)(6)(C) ☐ BEDDING/SLEEPING APPAREL LAUNDERED WEEKLY (b)(6)(D) ☐ SLEEP ARRANGEMENTS FOR INFANTS (b)(7)
	<u>154. 12(b)(8)</u> AIR TEMP 65°F AT 3 FT	
	<u>155. 12(b)(9)</u> FIRE MARSHAL APPROVAL- HOURS SPECIFIED	
	<u>156. 12(b)(10)</u> LOCAL HEALTH APPROVAL	
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	<u>157. 9a</u> WRITTEN MEDICATION POLICIES, PROCEDURES	
X	<u>158. 9a</u> PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES	
X	<u>159. 9a(a)(2)-(3)</u> NON-PRESCRIPTION TOPICAL MEDICATION	☐ ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2) ☐ LABELING AND STORAGE (a)(3)(A-B) ☐ UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)
X	<u>160. 9a(b)(1-2)</u> MEDICATION TRAINING	☐ MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C) ☐ RECTAL MEDICATION (b)(1)(E) ☐ INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D) ☐ TRAINING OUTLINE ON FILE (b)(2)(C) ☐ INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F) ☐ TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B)
		Program not in compliance with mainta
O	<u>161. 9a(b)(3)(A-B)</u> AUTHORIZED PRESCRIBER- PARENT PERMISSION	Program not in compliance with maintaining a written order from prescriber for medication when authorization for Epi-Pen & Benadryl expired.
X	<u>162. 9a(b)(3)(D)</u> MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION	
X	<u>163. 9a(b)(4)(A-B)</u> MEDICATION ADMINISTRATION RECORDS (MAR)	
X	<u>164. 9a(b)(4)(A-B)</u> LABELING AND STORAGE	

X	<u>165. 9a(b)(5)(A-B)</u> EMERGENCY MEDICATION INACCESSIBLE	
O	<u>166. 9a(b)(5)(D)</u> UNUSED/EXPIRED MEDICATIONS- DESTROYED/RETURNED	Program not in compliance with ensuring expired medication was not destroyed or returned to the parent when 2 Epi-Pens were observed to be expired 5/2025.
X	<u>167. 9a(b)(5)(E)</u> AUTO-INJECTOR, INHALANT EQUIPMENT	
X	<u>168. 9a(b)(6)</u> SELF-ADMINISTRATION DOCUMENTATION	
X	<u>169. 9a(b)(7)(A-B)</u> PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	<u>170. 9a(d)</u> N/A: Y POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION- PERMISSION/STORAGE	

MONITORING OF DIABETES 19a-79-13

CHILD WITH DIABETES ENROLLED?

N

X	<u>171. 13(a)(1)</u> WRITTEN POLICIES AND PROCEDURES	
X	<u>172. 13(b)(1)-(c)(2)</u> STAFF TRAINING	☐ STAFF TRAINING-FIRST AID (b)(1)(A) ☐ TRAINED STAFF ON SITE WHEN CHILD IS PRESENT (c)(2) ☐ TRAINING UPDATED AT LEAST EVERY 3 YEARS (b)(2) ☐ WRITTEN DOCUMENTATION OF TRAINING (b)(3) ☐ STAFF TRAINING- USE/STORAGE/MAINTENANCE OF MONITORING EQUIPMENT, READING TEST RESULTS, APPROPRIATE ACTIONS TAKEN (b)(1)(B)(i-iii)
X	<u>173. 13(c)(3)</u> SELF-ADMINISTRATION- WRITTEN AUTHORIZATION AND UNDER SUPERVISION OF TRAINED STAFF	
X	<u>174. 13(d)(1)</u> EQUIPMENT PROVIDED BY PARENTS	
X	<u>175. 13(d)(2)</u> EQUIPMENT LABELED AND INACCESSIBLE	
X	<u>176. 13(d)(3)</u> SIGNED AGREEMENT WITH PARENT REGARDING EQUIPMENT, SUPPLIES, MATERIALS TO BE DISCARDED	
X	<u>177. 13(e)(1)</u> AUTHORIZE PRESCRIBER WRITTEN ORDER	

X	178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT		
X	179. 13(e)(2) TESTING RESULTS AND ACTIONS TAKEN- DOC. AND KEPT ON FILE, ENSURE PARENTS ARE NOTIFIED DAILY		
ADDITIONAL VIOLATIONS			
	180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: Y		
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?		Yes	LEVEL OF NON-COMPLIANCE THIS VISIT: 10 out of 132
DISCUSSIONS/COMMENTS			
Per staff, staff bathroom is shared with children if necessary. If children use staff bathroom, a supervision policy for the shared space must be written. Program to create a detailed field trip permission form stopping at specific destinations like the fire department. Program to contact local health for clarification on whether a lead management plan is required as program has remediated surfaces that contained lead based paint.			
NOTE: * Items left blank on this form were not monitored during this visit. * Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed. * It is the operator's responsibility to ensure compliance with all local codes and ordinances.			
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Bridget Merrill	Sally s Booth	Printed Name
2 nd OEC Representative		APPLICANTS: You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	
		Written Corrective Action Plan due by: 06/16/2025	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: bridget.merrill@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	