

**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:	child development center	Date of Inspection:	6/4/25	Time of Arrival:	12:27pm
Address:	1009 Main St	License Number:	12641	Expiration Date:	5/31/29
Town:	Branford 06405	Telephone Number:	203-488-2007	Summer Care:	open
Operator:	Board of Directors - OEC 1st Cong Ch.	# of Staff Present:	20	# over 3 Present:	30
Email:	stephanie@firstcongregationbranford.org	Total Capacity:	87	Total Under 3 capacity:	40
Designated Director:	Stephanie Linke	Hours/Days of Operation:	M-F 7:00am-6:00pm		

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**

1. (c)(8) Local Health Inspection-Date: 11/1/23

**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
  - (d)(1) Daily attendance-children/staff- keep 1 yr.
- 12. **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
- 29. **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 Services, 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	<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"/>

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

<b>PROGRAM NAME</b>	Child Development Center	<b>LICENSE NUMBER</b>	2641	<b>DATE OF INSPECTION</b>	6/4/25
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**RECORD KEEPING 19a-79-5a**

36.	(a)(1)(A-C)	Children's Enrollment information
37.		<u>PARENT PERMISSIONS</u>
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (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)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	(c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	(d)	<u>FIRST AID SUPPLIES</u> -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 12/1/24
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.	(c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: 5/23/23
	(c)(5)(C)	Bact./Chem Test-Date: (N/A)
70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(A)	<u>LEAD PAINT</u> Building Pre-78: Y/N Lead Test: Y/N Results: approved plan
	(c)(6)(B-D)	Lead Management Plan 6 months
		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.		<u>SMOKING</u>
	(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
82.		<u>TOILETING</u>
	(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)
83.		Staff personal articles inaccessible
84.		<u>AIR TEMPERATURE</u>
	(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.		<u>WALLS/CEILINGS/FLOORS/RUGS</u>
	(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.		<u>TELEPHONE/TELEPHONE NUMBERS</u>
	(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.		<u>LIGHTING</u>
	(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: 1.1 (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

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

**UNDER THREE ENDORSEMENT 19a-79-10 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.		<u>OUTDOOR SPACE</u>
✓		(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 playg. Inspection upon request
✓		(h)(8)	Drinking water available/accessible
✓		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
✓	112.		<u>OUTDOOR PROTECTED/FENCED</u>
✓		(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)
✓	114.		<u>WATER HAZARDS</u> (N/A)
✓		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
✓		(i)	Wading pools prohibited
✓		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

✓	128.	(e)(2)	<u>DIAPERING cont.</u> 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
✓		(e)(3)	
✓		(e)(4)	
✓		(e)(5)	
✓		(e)(6-9)	
✓		(e)(7)	
✓		(e)(8)	
✓		(e)(10)(A-C)	
✓	129.	(f)(1)	
✓		(f)(2)	
✓		(f)(3)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug 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 <u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> 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)
✓		(f)(4)	
✓	130.	(g)(1)	
✓		(g)(1)	
✓		(g)(1)	
✓		(g)(2)	
✓		(g)(3)	
✓		(g)(4)	
✓		(g)(5)	
✓		(g)(6)	
✓		(g)(7)	
✓		(g)(8)	
✓	131.	(h)(1)	
✓		(h)(1)	
✓		(h)(2)	
✓		(h)(2)	
✓	135.	(i)(1)(2A-C)	
✓	136.	(j)	
✓		(k)(1)	
✓		(k)(2)	
✓		(k)(3)	
✓		(k)(4)	
✓		(k)(5)	
✓	137.	(l)(1)	
✓	138.	(l)(2)	
✓	139.	(l)(3)	

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

✓	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
✓	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
✓		(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** (N/A)

✓	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.		<u>DIAPERING</u>
✓		(e)(1)	Diaper area: elevated/sturdy/safety rail

**SCHOOL AGE ENDORSEMENT 19a-79-11** (N/A)

✓	140.	(b)	<u>Approved Schl Age Endorsement</u> <u>SCHEDULE - ACTIVITIES</u> 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
✓	141.	(c)	
✓		(c)(1)	
✓		(c)(2)	
✓		(c)(3)	
✓	143.	(d)	
✓	144.	(e)	

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

<b>PROGRAM NAME</b>	Child Development Center	<b>LICENSE NUMBER</b>	12641	<b>DATE OF INSPECTION</b>	
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N		<b>MONITORING OF DIABETES 19a-79-13</b> Y/N			
<input checked="" 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	<b>STAFF TRAINING</b> 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 checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	Staff training – first aid		
		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions		
		<input checked="" type="checkbox"/> (i)-(iii)			
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years		
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training		
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff		
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent		
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
<input type="checkbox"/> (b)(6)(C)	Required bedding				
<input type="checkbox"/> (b)(6)(D)	Required toiletries				
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants				
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified				
	Local health approval				
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y/N		<b>ADDITIONAL VIOLATION</b>			
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - NA	Consent Order/Negotiated Corrective Action Plan conditions	(N/A)	
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>			<b>DISCUSSIONS/COMMENTS</b> 1) New Regs 2) Policies must be updated to reflect new Regs dated 10/2024 Policy Review checklist 3) clear start Dates 4) PD logs filled out w/ Dates of hire and # of hours needed for 10% 5) health consultant to log quarterly injury + illness logs. 6) window on preschool playground to be protected a 36 inches. (screen)	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors				
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>				
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication				
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file				
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage				
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation				
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization				
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				
<b>Signature of OEC staff</b>	<i>El Montanye</i>	<b>Signature of person in charge</b>	<i>Stephanie Link</i>		
<b>Printed Name</b>	El Montanye	<b>Printed Name</b>	Stephanie Linke		
<b>OEC DIVISION OF LICENSING</b>		Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103		Written Corrective Action Plan Due by: 6/18/25		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	
Help Desk: (800)282-6063 or (860)500-4450					
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>					

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Development Center License # 12641 Date: 01/4/25

Observations/Corrections needed:

#35 (i)(1)(A) <sup>(PM)</sup> (i)(1)(2)(A-H) Consultant agreements when education consultant agreement did not have all new required duties per new regulations (F) logs when social service log was not observed.

#40 - individual care plans when 1 care plan can not be carried out missing 1 medication per care plan.

#47 - meals + snacks when snack menus did not have 2 food groups listed.

#49 menus when menu was not posted 1 week in advance

#69 - lead water test when current test not observed

#111(h)(3) <sup>(PM)</sup> hazards on playground when plastic plate to radon filtration unit plate is broken (sharp)

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: Fi Montanye  
(OEC Representative)Print Name: Fi Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Stephanie Linke  
(Person in Charge)OEC BY: 6/18/24Print Name: Stephanie Linke