



**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	K-6 After School Enrichment Program	Date of Inspection:	4/22/25	Time of Arrival:	2:28 pm
Address:	468 Birdseye St	License Number:	16502	Expiration Date:	9/30/26
Town:	Stratford 06615	Telephone Number:	203-377-0689	Summer Care:	closed
Operator:	Town of Stratford	# of Staff Present:	2	# children Present:	16
Email:	tysims@townofstratford.com	Ages Served:	5yrs-12yrs	Total Capacity:	38
Designated Director:	Tymatha Sims	Days of Operation:	M-F	Hours of Operation:	3:00-6:00 pm

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a		STAFFING and CONSULTANTS 19a-79-4a	
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 3/24/24	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records
ADMINISTRATION 19a-79-3a		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 21a.	(b)(2) Past employment history
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 28.	(d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 29.	(d)(5)(A) Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 30.	(e)(1) Designated director-training
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 31.	(f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 12.	<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 32.	(f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> 15.	<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> (a)(2) Documentation	<input checked="" type="checkbox"/> (h)(1) Health & Safety training
<input checked="" type="checkbox"/> 16.	<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (h)(2) 1% annual hours	<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> 17.	<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (4)(C)(i) Non-swimmers identified	<input checked="" type="checkbox"/> (e)(6) CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 19.	<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (e)(6) Lifeguard-certified-supervising	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> 20.	<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (e)(6)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 21.	<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 22.	<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr. ACCESS	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 23.	<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health	Contracts Logs Visits
<input checked="" type="checkbox"/> 24.	<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Education <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Soc. Serv. <input checked="" type="checkbox"/> Dietitian <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 25.	<input checked="" type="checkbox"/> (m) Motor vehicle laws-transportation		
<input checked="" type="checkbox"/> 26.	<input checked="" type="checkbox"/> (n) Capacity		
<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (o) Respond to OEC-no false, misleading statements or documents		
<input checked="" type="checkbox"/> 28.	<u>POSTINGS</u>		
<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> 3a(e)(1) License posted		
<input checked="" type="checkbox"/> 30.	<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted		
<input checked="" type="checkbox"/> 31.	<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight Policy		
<input checked="" type="checkbox"/> 32.	<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		
<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		
<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		
<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> 7a(e)(17) Radon test posted (Schls-N/A)		

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME K-6 After School Enrichment Program LICENSE NUMBER 16502 DATE OF INSPECTION 4/22/25

RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(D)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	
<input checked="" type="checkbox"/> 83.	(d)(11)	
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE Air temp < 65°F comfortable
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> 95.	(e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Radon test- Results: <u>.3</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(14-15)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(5)	
<input checked="" type="checkbox"/> 109.	(g)(6)	
<input checked="" type="checkbox"/>	(j)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(3)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(4)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(5)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(6)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(8)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(9)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(B)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(C)	
<input checked="" type="checkbox"/>	(i)	
<input checked="" type="checkbox"/>	(j)	
<input checked="" type="checkbox"/>	(i)	

HEALTH and SAFETY 19a-79-6a

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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5/21/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>5/18/24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT Building Pre-78: Y/N Lead Test Y/N Results <u>management plan every 3 months</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 71.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 76.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
<input checked="" type="checkbox"/> 77.		Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 107.	(g)(4)	
<input checked="" type="checkbox"/> 108.	(g)(5)	
<input checked="" type="checkbox"/> 110.	(j)	
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(3)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(4)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(5)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(6)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(8)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(9)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(B)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(C)	
<input checked="" type="checkbox"/>	(i)	
<input checked="" type="checkbox"/>	(j)	
<input checked="" type="checkbox"/>	(i)	

SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible

TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Required toilets/sinks-1:25
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
Staff personal articles inaccessible

AIR TEMPERATURE
Air temp < 65°F comfortable
Air temp > 80 °F - ↑ fluids/ventilation

Portable space heaters prohibited
Hot water/Steam pipes protected

TELEPHONE/NUMBERS
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number

LIGHTING
All areas min. 1 foot candle of lighting
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials labeled, inaccessible

Garbage/rubbish-disposed of daily, containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written care plan including access to children
Radon test- Results: .3 (Schls-N/A)
Carbon monoxide detector-each level N/A
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
Developmentally app equipment, materials
Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
Indoor climbing play equipment-shock absorbing materials under and around
No weapons/no facsimile of a firearm

OUTDOOR SPACE
Adequate space- 75 sq. ft. per child
Shock absorbing surfaces-minimum 8"
Playground free from hazards
Nuts, bolts, screws-tight, covered/protected
Outside equipment anchored-anchors buried
New equip- cert playg. Inspection upon request
Drinking water available/accessible
Equipment arranged for safety-equip/fences/structures not hazardous

OUTDOOR PROTECTED/FENCED
Playground protected from traffic, water, gullies or other hazards
Fences installed to protect from water-4 ft, self closing and self latching devices or locks
Roof top play areas-6 ft. wall/barrier (N/A)

WATER HAZARDS
Pools, swimming areas-conforms to DPH (N/A)
Wading pools prohibited
Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	K-6 After School Enrichment Program	LICENSE NUMBER	16502	DATE OF INSPECTION	4/22/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13	Y/N	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	SCHEDULE - ACTIVITIES
	(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Designated Head teacher approved- 60%

<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 checked="" type="checkbox"/> 172.	(b)(1)(A)	
	(b)(1)(B)	
	(i)-(iii)	
	(b)(2)	
	(b)(3)	
<input checked="" type="checkbox"/> 173.	(c)(2)	
	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	(a)(2)	Admin/Parent permission/report errors
	(a)(3)(A-B)	Labeling and Storage
	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	(b)(1)(A/C)	Medication training-general-oral/top/inhalant
	(b)(1)(D)	Injectable premeasured autoinjector medication
	(b)(1)(E)	Rectal medication
	(b)(1)(F)	Injectable other than premeasured auto-injector
	(b)(2)(A-B)	Training approval documents/certificates
	(b)(2)(C)	Training outline on file
<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

ADDITIONAL VIOLATION		
<input checked="" type="checkbox"/> 180.	NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

1) New Regulations
 2) Policy Review checklist provided. program must update all policies to reflect new regulations
 3) new complaint procedure on website needs to be posted
 4) oversight policy as stated in new regs Oct. 2024. needs to be posted.

Signature of OEC staff	<i>Fil Montanuy</i>
Printed Name	Fil Montanuy

<i>Lymatha J. Sims</i>	Signature of person in charge
Lymatha J. Sims	Printed Name

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: 5/6/25
CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: K-6 After School Enrichment Program License # 16502 Date: 4/22/25

Observations/Corrections needed:

violations : Program is not in compliance with :

#35 (i)(i)(2)(A-H) consultant agreements when required services for health, ~~and~~ ^{and} social services ^{and} and education consultants duties are not updated to meet new regulations dated Oct 2024

#40 Individual care plan when 1 out 2 care plans not signed by parent

#70 Lead management Plan when approved plan requires monitoring every 3 months last monitoring completed 11/7/24.

#161 Authorized subscriber/parent permission when order for inhaler does not have parent authorization

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 5/6/25

Print Name: Tymatha J. Sims