



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

|   |  |      |                          |     |                    |                      |                    |                               |               |                  |
|---|--|------|--------------------------|-----|--------------------|----------------------|--------------------|-------------------------------|---------------|------------------|
| Program Name  | RAINBOW CENTER FOR CHILDREN AND FAMILIES     |      |                          |     | License Number     | DCCC.15618           |                    | Date of Inspection            | 07/21/2025    |                  |
|   |  |      |                          |     | Expiration Date    | 9/30/2029            |                    | Time of Inspection            | 09:30 AM      |                  |
| Address   | 80 GARDEN ST<br>WETHERSFIELD CT 06109-3120   |      |                          |     | Telephone          | (860) 529-5229       |                    | Licensed Capacity             | 45            |                  |
|   |  |      |                          |     | Hours of Operation | 7:00 AM – 6:00 PM    |                    | Under Three Capacity          | 16            |                  |
| Is this a Change of Address?  |  | Yes? |                          | No? | X                  | Days of Operation    | Mon-Fri            |                               | Ages Served   | 3 – 8 mont years |
| New Address   |  |      |                          |     | Night Hours        | No                   | Summer Hours       | Open                          | Weekend Hours | No               |
|   |  |      |                          |     | Program's Email    | rccf80garden@msn.com |                    |                               |               |                  |
| Operator  | RAINBOW CENTER FOR CHILDREN AND FAMILIES LLC |      |                          |     | Director           | OZLEM CAMLI          |                    |                               |               |                  |
| Endorsements  | Pre-School, School Age, Under Three          |      |                          |     | Name of Inspector  | Karen Kellerman      |                    |                               |               |                  |
| Key:<br>Compliant = X<br>Non-Compliant = <span style="color:red">O</span> | # Children Present under age 3               | 12   | # Total Children Present | 33  | # of Staff Present | 10                   | Type of Inspection | UNANNOUNCED INSPECTION - FULL |               |                  |

**LICENSURE PROCEDURES 19a-79-2a**

|          |  |  |
|----------|--|--|
| <b>X</b> | <u>1. 19a-79-2a(c)(8)</u><br>LOCAL HEALTH INSPECTION<br>DATE: 07/09/2024 |  |
|----------|--|--|

**ADMINISTRATION 19a-79-3a**

|          |  |   |
|----------|--|---|
| <b>O</b> | <u>2. 3a(a)</u><br>ENSURING HEALTH & SAFETY OF CHILDREN          | Program not in compliance with ensuring the safety and health of the children when observed 2 authorization forms indicate that 2 children need diphenhydramine- Not indicated on care plans and no medication on site. |
| <b>X</b> | <u>3. 3a(b)</u><br>OVERALL MANAGEMENT OF PROGRAM                 |   |
| <b>X</b> | <u>4. 3a(b)(6)</u><br>EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF |   |
| <b>X</b> | <u>5. 3a(b)(6)</u><br>ANNUAL POLICY TRAINING FOR PROGRAM STAFF   |   |
| <b>X</b> | <u>6. 3a(b)(7)(A)</u><br>CHILD BEHAVIOR MANAGEMENT               |   |

|  |  |   |  |   |   |  |  |   |   |  |   |
|--|--|---|--|---|---|--|--|---|---|--|---|
| X  | <u>7. 3a(b)(7)(B)</u><br>DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES |   |  |   |   |  |  |   |   |  |   |
| X  | <u>8. 3a(b)(7)(C)</u><br>CHILD PROTECTION  |   |  |   |   |  |  |   |   |  |   |
| X  | <u>9. 3a(b)(7)(E)</u><br>MANDATED REPORTING  |   |  |   |   |  |  |   |   |  |   |
| X  | <u>10. 3a(c)(1-4)</u><br>NOTIFICATION OF CHANGE  |   |  |   |   |  |  |   |   |  |   |
| X  | <u>11. 3a(d)(1)-(6)</u><br>POLICIES- COMPLETED, IMPLEMENTED                                | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> DISCIPLINE (d)(2)(A)</td> <td><input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)</td> <td><input type="checkbox"/> CLOSING TIME (d)(3)</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A)</td> <td><input type="checkbox"/> MULTI-HAZARDS (d)(4)(B)</td> <td><input type="checkbox"/> SUPERVISION (d)(5)</td> </tr> <tr> <td><input type="checkbox"/> GENERAL OPERATING (d)(6)</td> <td><input type="checkbox"/> PERSONNEL (d)(7)</td> <td><input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)</td> </tr> </table>   | <input type="checkbox"/> DISCIPLINE (d)(2)(A)  | <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)   | <input type="checkbox"/> CLOSING TIME (d)(3)                                  | <input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) | <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B) | <input type="checkbox"/> SUPERVISION (d)(5)           | <input type="checkbox"/> GENERAL OPERATING (d)(6) | <input type="checkbox"/> PERSONNEL (d)(7)                      | <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C) |
| <input type="checkbox"/> DISCIPLINE (d)(2)(A)        | <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)                                      | <input type="checkbox"/> CLOSING TIME (d)(3)  |  |   |   |  |  |   |   |  |   |
| <input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) | <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B)   | <input type="checkbox"/> SUPERVISION (d)(5)   |  |   |   |  |  |   |   |  |   |
| <input type="checkbox"/> GENERAL OPERATING (d)(6)    | <input type="checkbox"/> PERSONNEL (d)(7)  | <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)   |  |   |   |  |  |   |   |  |   |
| X  | <u>12. 3a(d)(1)</u><br>DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR                   |   |  |   |   |  |  |   |   |  |   |
| X  | <u>13. 3a(f)</u><br>IMMEDIATE ACCESS BY PARENTS  | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ACCESS BY PARENTS (f)</td> <td><input type="checkbox"/> ACCESS BY OEC (h)</td> </tr> </table>   | <input type="checkbox"/> ACCESS BY PARENTS (f) | <input type="checkbox"/> ACCESS BY OEC (h)              |   |  |  |   |   |  |   |
| <input type="checkbox"/> ACCESS BY PARENTS (f)       | <input type="checkbox"/> ACCESS BY OEC (h)   |   |  |   |   |  |  |   |   |  |   |
| X  | <u>14. 3a(l)</u><br>2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION                            |   |  |   |   |  |  |   |   |  |   |
| X  | <u>15. 3a(m)</u><br>MOTOR VEHICLE LAWS – TRANSPORTATION                                    |   |  |   |   |  |  |   |   |  |   |
| X  | <u>16. 3a(n)</u><br>CAPACITY   |   |  |   |   |  |  |   |   |  |   |
| X  | <u>17. 3a(o)</u><br>RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS                |   |  |   |   |  |  |   |   |  |   |
| O  | <u>18. 3a(e)(1)-(6)</u><br>POSTINGS  | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> LICENSE (e)(1)</td> <td><input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2)</td> <td><input checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)</td> </tr> <tr> <td><input type="checkbox"/> MENUS (e)(3)</td> <td><input type="checkbox"/> NO SMOKING SIGNS (e)(4)</td> <td><input type="checkbox"/> OEC INSPECTION REPORT (e)(5)</td> </tr> <tr> <td><input type="checkbox"/> RADON TEST 7a(e)(17)</td> <td><input checked="" type="checkbox"/> SAFE SLEEP POLICY 10(g)(8)</td> <td><input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6)</td> </tr> </table> <p>Program not in compliance with maintaining required postings when administrative oversight and safe sleep policy not posted.</p> | <input type="checkbox"/> LICENSE (e)(1)        | <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2) | <input checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c) | <input type="checkbox"/> MENUS (e)(3)                | <input type="checkbox"/> NO SMOKING SIGNS (e)(4) | <input type="checkbox"/> OEC INSPECTION REPORT (e)(5) | <input type="checkbox"/> RADON TEST 7a(e)(17)     | <input checked="" type="checkbox"/> SAFE SLEEP POLICY 10(g)(8) | <input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6)    |
| <input type="checkbox"/> LICENSE (e)(1)              | <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2)                                    | <input checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)   |  |   |   |  |  |   |   |  |   |
| <input type="checkbox"/> MENUS (e)(3)                | <input type="checkbox"/> NO SMOKING SIGNS (e)(4)   | <input type="checkbox"/> OEC INSPECTION REPORT (e)(5)   |  |   |   |  |  |   |   |  |   |
| <input type="checkbox"/> RADON TEST 7a(e)(17)        | <input checked="" type="checkbox"/> SAFE SLEEP POLICY 10(g)(8)                             | <input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6)  |  |   |   |  |  |   |   |  |   |

| STAFFING AND CONSULTANTS 19a-79-4a |  |   |
|------------------------------------|--|---|
| <b>X</b>                           | <u>19. 4a(a)(1)</u><br>STAFF HEALTH RECORDS                                  |   |
| <b>X</b>                           | <u>20. 4a(a)(3)</u><br>DISCIPLINARY ACTIONS                                  |   |
| <b>O</b>                           | <u>21. 4a(b)</u><br>COMPREHENSIVE BACKGROUND CHECKS                          | Program not in compliance with maintaining comprehensive background checks for staff when oversees 2 staff, per director currently working with children, needing background checks in BCIS |
| <b>X</b>                           | <u>21a. 4a(b)(4)</u><br>PAST EMPLOYMENT HISTORY                              |   |
| <b>X</b>                           | <u>22. 4a(b)(4)</u><br>EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY |   |
| <b>X</b>                           | <u>23. 4a(d)</u><br>ADEQUATE STAFFING  |   |
| <b>X</b>                           | <u>24. 4a(d)(1)</u><br>DESIGNATED HEAD TEACHER – APPROVED – 60%              |   |
| <b>X</b>                           | <u>25. 4a(d)(2)</u><br>TWO STAFF PRESENT – AGE 18 OR OLDER                   |   |
| <b>X</b>                           | <u>26. 4a(d)(3)(A-C)</u><br>PERSONAL QUALITIES OF STAFF                      |   |
| <b>X</b>                           | <u>27. 4a(d)(4)(A)</u><br>RATIOS 1:10 – INDOORS AND OUTDOORS                 | <input type="checkbox"/> 1:10 INDOORS/OUTDOORS (d)(4)(A) <input type="checkbox"/> MIXED AGE GROUPS (d)(4)(b) <input type="checkbox"/> NAP TIME (d)(6)                                       |
| <b>X</b>                           | <u>28. 4a(d)(4)(D)</u><br>SUPERVISION – INDOORS AND OUTDOORS                 |   |
| <b>X</b>                           | <u>29. 4a(d)</u><br>GROUP SIZE – INDOORS AND OUTDOORS                        | <input type="checkbox"/> MAX 20 INDOORS/OUTDOORS (d)(5) <input type="checkbox"/> SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) <input type="checkbox"/> MIXED AGE GROUP (d)(5)(B)               |
| <b>X</b>                           | <u>30. 4a(e)(1)</u><br>DESIGNATED DIRECTOR – TRAINING                        |   |
| <b>X</b>                           | <u>31. 4a(f)(1)</u><br>CPR CERTIFIED PROGRAM STAFF                           |   |

|                                 |   |   |        |                |                   |
|---------------------------------|---|---|--------|----------------|-------------------|
| X                               | 32. 4a(f)(2)<br>FIRST AID CERTIFIED PROGRAM STAFF               |   |        |                |                   |
| O                               | 33. 4a(d)/(h)<br>PROFESSIONAL DEVELOPMENT                       | <input type="checkbox"/> DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) <input checked="" type="checkbox"/> HEALTH & SAFETY TRAINING (h)(1) <input type="checkbox"/> 1% ANNUAL HOURS (h)(2)<br>Program not in compliance with ensuring staff have taken the required health & safety training for 1 staff not observed taken training.  |        |                |                   |
| X                               | 34. 4a(C)-(e)<br>SWIMMING ACTIVITIES                            | <input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i)<br><input type="checkbox"/> CPR CERT STAFF-AGE 20+ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)   |        |                |                   |
| SWIMMING OFFERED? N             |   |   |        |                |                   |
| O                               | 35. 4a(i)/(F)<br>CONSULTANTS – AGREEMENTS, LOGS, VISITS         | <input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D)<br><input checked="" type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H)<br><input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F)<br><input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)<br>Program not in compliance with maintaining current/complete consultant agreements when observed Education, Health, and Social Service consultant agreements not current with new verbiage of regulations. |        |                |                   |
| NOT IN COMPLIANCE               |   | EDUCATION   | HEALTH | SOCIAL SERVICE | DIETICIAN    N/A? |
| CONTRACTS                       |   | O   | O      | O              |                   |
| LOGS                            |   |   |        |                |                   |
| VISITS                          |   |   |        |                |                   |
| <b>RECORD KEEPING 19a-79-5a</b> |   |   |        |                |                   |
| X                               | 36. 5a(a)(1)(A-C)<br>ENROLLMENT INFORMATION                     |   |        |                |                   |
| X                               | 37. 5a(a)(1)(D)<br>PARENT PERMISSIONS                           | <input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii)<br><input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv)   |        |                |                   |
| O                               | 38. 5a(a)(2)(A-B)<br>CHILD HEALTH RECORDS                       | Program not in compliance with maintaining current/complete health records for children when observed 1 child's physical not current  |        |                |                   |
| O                               | 39. 5a(a)(2)(C)<br>IMMUNIZATION RECORDS                         | Program not in compliance with maintaining documentation of flu vaccines for 3 children not observed  |        |                |                   |
| X                               | 40. 5a(a)(2)(E)<br>INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF |   |        |                |                   |
| X                               | 41. 5a(a)(3)(A)<br>INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS  |   |        |                |                   |
| X                               | 42. 5a(a)(3)(B)<br>PARENT NOTIFICATION OF ILLNESS OR INJURY     |   |        |                |                   |

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

|  |   |   |
|--|---|---|
| X                                      | <p><u>57. 5a(b)(1)</u><br/>ILLNESS PROCEDURES-<br/>STAFF<br/>KNOWLEDGEABLE,<br/>CHILDREN OBSERVED<br/>FOR SIGNS/SYMPTOMS</p>        |   |
| X                                      | <p><u>58. 5a(b)(2)</u><br/>DESIGNATED ISOLATION<br/>AREA</p>  |   |
| X                                      | <p><u>59. 5a(c-d)</u><br/>FIRST AID KITS AND<br/>SUPPLIES</p>   | <p><input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c)<br/> <input type="checkbox"/> 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)<br/> <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS-<br/>                 WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:</p> |
| <p><b>PHYSICAL PLANT 19a-79-7a</b></p> |   |   |
| X                                      | <p><u>62. 7a(a)(2)</u><br/>FIRE MARSHAL CODES –<br/>CERTIFICATE<br/>DATE: <u>05/21/2025</u></p>                                     |   |
| X                                      | <p><u>63. 7a(b)</u><br/>INDOOR/OUTDOOR<br/>SPACE INSPECTED AND<br/>APPROVED PRIOR TO<br/>USE</p>                                    |   |
| X                                      | <p><u>64. 7a(b)(1)-(5)</u><br/>CONSTRUCTION-<br/>EXPANSION-<br/>RENOVATION-<br/>CONVERSION</p>                                      |   |
| X                                      | <p><u>65. 7a(b)(6)</u><br/>SPACE NOT INSPECTION<br/>OR APPROVED BUT<br/>USED FOR FIELD TRIPS-<br/>WRITTEN PARENT<br/>PERMISSION</p> |   |
| O                                      | <p><u>66. 7a(c)(2)</u><br/>LICENSED PREMISES-<br/>CLEAN, GOOD REPAIR,<br/>HAZARD FREE,<br/>MAINTENANCE<br/>PROGRAM</p>              | <p>Program not in compliance with maintaining the building, equipment and services in a good state of repair when observed rusty microwaves in staff kitchen and 4s room.</p>   |
| X                                      | <p><u>67. 7a(c)(3)</u><br/>BUILDING, EQUIPMENT,<br/>FURNISHINGS -<br/>SANITARY AND HAZARD<br/>FREE</p>                              |   |
| X                                      | <p><u>68. 7a(c)(4)</u><br/>TESTING OF PREMISES<br/>OR GROUNDS FOR<br/>CHEMICALS</p>   |   |
| X                                      | <p><u>69. 7a(c)(5)(A-C)</u><br/>WATER SUPPLY<br/>TYPE: <u>Public Water</u><br/>(SCHOOLS-N/A)</p>                                    | <p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>08/04/2023</u> <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:<br/> <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>  |

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

|   |   |  |
|---|---|--|
| X | 83. 7a(d)(11)<br>STAFF PERSONAL ARTICLES INACCESSIBLE   |  |
| X | 84.7a(e)(1-2)<br>AIR TEMPERATURE AND FLUIDS   | <input type="checkbox"/> AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1)<br><input type="checkbox"/> AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2)  |
| X | 86. 7a(e)(3)<br>WATER TEMPERATURE<br>60° – 120°   |  |
| X | 87. 7a(e)(4)<br>PORTABLE SPACE HEATERS PROHIBITED   |  |
| X | 88. 7a(e)(5)<br>WALLS, CEILINGS, FLOORS AND RUGS  | <input type="checkbox"/> WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR <input type="checkbox"/> RUGS- NOT A TRIPPING/SLIPPING HAZARD   |
| X | 90. 7a(e)(6)<br>HOT WATER, STEAM PIPES PROTECTED  |  |
| X | 91. 7a(e)(7)<br>TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER | <input type="checkbox"/> WORKING PHONE ON EACH LEVEL <input type="checkbox"/> EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES<br><input type="checkbox"/> PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER   |
| X | 94. 7a(e)(8-9)<br>LIGHTING AND FIXTURES   | <input type="checkbox"/> ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) <input type="checkbox"/> LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9)<br><input type="checkbox"/> ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) <input type="checkbox"/> ENOUGH LIGHTING FOR COMFORT (e9) |
| O | 95. 7a(e)(10)<br>POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE             | Program not in compliance with ensuring that potentially hazardous substances are stored in a labeled container when observed Vinegar/water bottles not labeled with dilutions in 5s room and Odoban disinfectant bottles not labeled with dilutions   |
| X | 96. 7a(e)(11)<br>GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR                    |  |
| X | 97. 7a(e)(12)<br>STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS                                    |  |
| X | 98. 7a(e)(13)<br>TOXIC PLANTS/MATERIALS INACCESSIBLE  |  |

|   |   |  |
|---|---|--|
| X | <p><u>99. 7a(e)(14-15)</u> N/A:<br/>                 PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN</p>                      |  |
| X | <p><u>100. 7a(e)(16)</u><br/>                 MEASURES TO PREVENT VERMIN</p>  |  |
| X | <p><u>101. 7a(e)(17)</u> Schls N/A:<br/>                 RADON TEST DATE:<br/>                 04/30/2000<br/>                 RESULTS:<br/>                 .3</p> |  |
| X | <p><u>102. 7a(e)(18)</u> N/A:<br/>                 OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL</p>  |  |
| X | <p><u>103. 7a (f)(1)(A)</u><br/>                 PROGRAM SPACE-ADEQUATE- 35 SQUARE FEET PER CHILD</p>   |  |
| X | <p><u>104. 7a(g)(1)</u><br/>                 EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS</p>                         |  |
| X | <p><u>105. 7a(g)(2)</u><br/>                 ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)</p>                                  |  |
| X | <p><u>106. 7a(g)(3)</u><br/>                 AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE</p>   |  |
| X | <p><u>107. 7a(g)(4)</u><br/>                 DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS</p>  |  |
| X | <p><u>108. 7a(g)(5)</u><br/>                 MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS</p>                                    |  |
| X | <p><u>109. 7a(g)(6)</u><br/>                 INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND</p>  |  |
| X | <p><u>110. 7a(j)</u><br/>                 NO WEAPONS, NO FACSIMILE OF A FIREARM</p>   |  |

| PHYSICAL PLANT- OUTDOOR SPACE        |   |
|--------------------------------------|---|
| <b>O</b>                             | <p><b>111. 7a(h)(1-9)</b><br/>                     OUTDOOR SPACE – HAZARDS<br/>                     EQUIPMENT<br/>                     DRINKING WATER</p> <p><input type="checkbox"/> ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1)      <input checked="" type="checkbox"/> SHOCK ABSORBING SURFACES- MIN. 8" (h2)<br/> <input type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3)      <input type="checkbox"/> NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4)<br/> <input type="checkbox"/> OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5)      <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (h8)<br/> <input type="checkbox"/> EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9)<br/> <input type="checkbox"/> NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)</p> <p>Program not in compliance with ensuring a minimum of 8 inches of impact absorbing materials when observed around preschool climber, not enough impact material.</p> |
| <b>X</b>                             | <p><b>112. (h)(7)(A-C)</b><br/>                     OUTDOOR SPACE - PROTECTED - FENCING</p> <p><input type="checkbox"/> PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7)<br/> <input type="checkbox"/> FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A)<br/> <input type="checkbox"/> FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B)<br/> <input type="checkbox"/> ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)</p>   |
|                                      | <p><b>114. (i)</b><br/>                     WATER HAZARDS</p> <p><input type="checkbox"/> POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: Y      <input type="checkbox"/> WADING POOLS PROHIBITED<br/> <input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:</p>  |
| EDUCATIONAL REQUIREMENTS 19a-79-8a   |   |
| <b>X</b>                             | <p><b>115. (a)</b><br/>                     WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS</p>  |
| <b>X</b>                             | <p><b>116. (a)(1-11), (b)</b><br/>                     EDUCATIONAL REQUIREMENTS – ACTIVITIES<br/>                     SCREEN TIME</p> <p><input type="checkbox"/> (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<br/> <input 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</p>   |
| INFANT/TODDLER ENDORSEMENT 19a-79-10 |   |
| <b>X</b>                             | <p><b>117. 10(b)</b><br/>                     APPROVED UNDER THREE ENDORSEMENT</p> <p style="text-align: right;">IS THERE AN APPROVED ENDORSEMENT?      Yes</p>   |
| <b>O</b>                             | <p><b>118. 10(c)(2)</b><br/>                     RATIO OF STAFF TO CHILDREN<br/>                     1:4 (6 WKS-24MTHS)<br/>                     1:5 (24-36 MTHS)</p> <p>Program not in compliance with maintaining proper under three staff/child ratios of 1:5 when observed 7, 2 year olds with 1 staff on outdoor playground, upon arrival.</p>   |

|  |  |  |   |   |   |  |  |  |  |  |  |  |
|--|--|--|---|---|---|--|--|--|--|--|--|--|
| X  | <p><u>119. 10(c)(3)</u><br/>GROUP SIZE -<br/>MAX 8 (6 WKS-24 MTHS)<br/>MAX 10 (24-36 MTHS)</p>   |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>120. 10(c)(4)</u><br/>PHYSICAL BARRIERS<br/>SEPARATING EACH<br/>GROUP<br/>(INDOORS AND OUTDOORS)</p>   |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>121. 10(d)(1)(A-C)</u><br/>ADEQUATE SINKS IN<br/>PROGRAM SPACE<br/>(GRP HOMES-ACCESSIBLE)<br/>HANDWASHING,<br/>DIAPERING, FOOD PREP<br/>USES</p> |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>122. 10(d)(2)(A i-iii)</u><br/>CRIBS AND PACK-N-<br/>PLAYS- IN COMPLIANCE<br/>WITH CPSC</p>  |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>123. 10(d)(2)(B)</u><br/>WASHABLE COTS</p>   |  |   |   |   |  |  |  |  |  |  |  |
| O  | <p><u>124. 10(d)(2)(C)</u><br/>CHAIRS FOR FEEDING,<br/>STABLE BASE, SAFETY<br/>STRAPS, LOCKING TRAY</p>  | <p>Program not in compliance with maintaining safety straps on all high chairs when observed safety straps not buckled while feeding 3 children in the Ones room.</p>  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>125. 10(d)(2)(D)</u><br/>DEVELOPMENTALLY<br/>APPROPRIATE TABLES,<br/>CHAIRS, EQUIPMENT</p>   |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>126. 10(d)(2)(E)</u><br/>REFRIGERATORS AND<br/>FOOD PREP FACILITIES</p>  |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>127. 10(d)(3)(A-C)</u><br/>OPTIONAL FURNITURE-<br/>EQUIPMENT-<br/>SAFE/HAZARD FREE</p>   |  |   |   |   |  |  |  |  |  |  |  |
| O  | <p><u>128. 10(e)(1-10)</u><br/>DIAPERING<br/>AND DIAPER AREAS</p>  | <table border="0"> <tr> <td><input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)</td> <td><input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)</td> </tr> <tr> <td><input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)</td> <td><input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)</td> </tr> <tr> <td><input checked="" type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)</td> <td><input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)</td> </tr> <tr> <td><input checked="" type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)</td> <td><input checked="" type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)</td> </tr> <tr> <td><input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)</td> <td></td> </tr> </table> <p>Program not in compliance with ensuring that staff and/or children wash their hands after each diaper change when observed after diaper changing, staff/children not wash hands. Staff washed hands after Agency asked about washing hands. Staff indicated used gloves that's why they thought they didn't need to wash hands. Program not in compliance with ensuring the diaper policy is posted in Young Toddler/Toddler room. Program not in compliance with ensuring the handwashing policy is posted in Ones room. Program not in compliance with ensuring that disposable paper sheets are used and discarded immediately after each diapering when observed disposable sheets not used with diaper changing.</p> | <input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)    | <input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2) | <input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)   | <input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)            | <input checked="" type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5) | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9) | <input checked="" type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7) | <input checked="" type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8) | <input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C) |  |
| <input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)             | <input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)  |  |   |   |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)            | <input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)  |  |   |   |   |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)     | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)   |  |   |   |   |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)       | <input checked="" type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)   |  |   |   |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C) |  |  |   |   |   |  |  |  |  |  |  |  |
| X  | <p><u>129. 10(f)(1-4)</u><br/>LINENS AND CLOTHING</p>  | <table border="0"> <tr> <td><input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)</td> <td><input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)</td> </tr> <tr> <td><input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)</td> <td><input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)</td> </tr> </table>   | <input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1) | <input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)                         | <input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3) | <input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4) |  |  |  |  |  |  |
| <input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)          | <input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)  |  |   |   |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)          | <input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)   |  |   |   |   |  |  |  |  |  |  |  |

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| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>130. 10(g)(1-8)</b><br/>SAFE SLEEP – POSITIONING CRIBS POLICIES</p>  | <p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1)      <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2)      <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7)      <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p> |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>131. (h)(1)</b><br/>TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p>  | <p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1)      <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p>  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>135. (i)(1)(2 A-C)</b><br/>HEALTH CONSULTANT VISITS- DOCUMENTATION</p>   |  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>136. (j)-(k)(5)</b><br/>FEEDING – SCHEDULES INFANTS BOTTLES</p>  | <p><input type="checkbox"/> INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j)</p> <p><input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)</p> <p><input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)</p> <p><input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)</p> <p><input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4)      <input type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)</p>  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>137. (l)(1)</b><br/>OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)</p>   |  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>138. (l)(2)</b><br/>OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</p>                               |  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>139. (l)(3)</b><br/>SHOCK ABSORBING MATERIALS LESS THAN 1 ½"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH &amp; SAFETY</p> |  |
| <p><b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float: right;">IS THERE AN APPROVED ENDORSEMENT?    Yes</span></p> |  |  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>140. 11(b)</b><br/>APPROVED SCHOOL AGE ENDORSEMENT</p>   |  |

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

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

IS THERE AN APPROVED ENDORSEMENT? No

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

|  |  |  |
|--|--|--|
|  | <p><b>153. 12(b)(6)-(7)</b><br/>SLEEP PROVISIONS</p>                   | <p><input type="checkbox"/> INDIVIDUAL COT/CRIB WITH BEDDING (b)(6)      <input type="checkbox"/> REQUIRED BEDDING (b)(6)(B)<br/> <input type="checkbox"/> SLEEPING APPAREL/TOILETRIES LABELED (b)(6)(A)      <input type="checkbox"/> REQUIRED TOILETRIES (b)(6)(C)<br/> <input type="checkbox"/> BEDDING/SLEEPING APPAREL LAUNDERED WEEKLY (b)(6)(D)      <input type="checkbox"/> SLEEP ARRANGEMENTS FOR INFANTS (b)(7)</p> |
|  | <p><b>154. 12(b)(8)</b><br/>AIR TEMP 65°F AT 3 FT</p>                  |  |
|  | <p><b>155. 12(b)(9)</b><br/>FIRE MARSHAL APPROVAL- HOURS SPECIFIED</p> |  |
|  | <p><b>156. 12(b)(10)</b><br/>LOCAL HEALTH APPROVAL</p>                 |  |

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

|                 |   |  |
|-----------------|---|--|
| <p><b>X</b></p> | <p><b>157. 9a</b><br/>WRITTEN MEDICATION POLICIES, PROCEDURES</p>                                   |  |
| <p><b>X</b></p> | <p><b>158. 9a</b><br/>PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES</p>            |  |
| <p><b>X</b></p> | <p><b>159. 9a(a)(2)-(3)</b><br/>NON-PRESCRIPTION TOPICAL MEDICATION</p>                             | <p><input type="checkbox"/> ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2)      <input type="checkbox"/> LABELING AND STORAGE (a)(3)(A-B)<br/> <input type="checkbox"/> UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)</p>   |
| <p><b>X</b></p> | <p><b>160. 9a(b)(1-2)</b><br/>MEDICATION TRAINING</p>   | <p><input type="checkbox"/> MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C)<br/> <input type="checkbox"/> INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D)<br/> <input type="checkbox"/> INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F)      <input type="checkbox"/> RECTAL MEDICATION (b)(1)(E)<br/> <input type="checkbox"/> TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B)      <input type="checkbox"/> TRAINING OUTLINE ON FILE (b)(2)(C)</p> |
| <p><b>X</b></p> | <p><b>161. 9a(b)(3)(A-B)</b><br/>AUTHORIZED PRESCRIBER- PARENT PERMISSION</p>                       |  |
| <p><b>X</b></p> | <p><b>162. 9a(b)(3)(D)</b><br/>MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION</p> |  |
| <p><b>X</b></p> | <p><b>163. 9a(b)(4)(A-B)</b><br/>MEDICATION ADMINISTRATION RECORDS (MAR)</p>                        |  |
| <p><b>O</b></p> | <p><b>164. 9a(b)(5)(A-B)</b><br/>LABELING AND STORAGE</p>   | <p>Program not in compliance with maintaining proper labeling of medication when observed epi pen not in labeled box with child's name on it.</p>  |

|          |   |  |
|----------|---|--|
| <b>X</b> | <u>165. 9a(b)(5)(C)</u><br>EMERGENCY MEDICATION INACCESSIBLE  |  |
| <b>X</b> | <u>166. 9a(b)(5)(D)</u><br>UNUSED/EXPIRED MEDICATIONS- DESTROYED/RETURNED                           |  |
| <b>X</b> | <u>167. 9a(b)(5)(E)</u><br>AUTO-INJECTOR, INHALANT EQUIPMENT  |  |
| <b>X</b> | <u>168. 9a(b)(6)</u><br>SELF-ADMINISTRATION DOCUMENTATION   |  |
| <b>X</b> | <u>169. 9a(b)(7)(A-B)</u><br>PETITION FOR SPECIAL MEDICATION AUTHORIZATION                          |  |
|          | <u>170. 9a(d)</u> N/A: <b>Y</b><br>POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION- PERMISSION/STORAGE |  |

**MONITORING OF DIABETES 19a-79-13**

CHILD WITH DIABETES ENROLLED?

**N**

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

|          |  |  |
|----------|--|--|
| <b>X</b> | 178. 13(e)(2)<br>WRITTEN AUTHORIZATION FROM PARENT   |  |
| <b>X</b> | 179. 13(e)(2)<br>TESTING RESULTS AND ACTIONS TAKEN- DOC. AND KEPT ON FILE, ENSURE PARENTS ARE NOTIFIED DAILY |  |

**ADDITIONAL VIOLATIONS**



|  |  |
|--|--|
| <b>180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: Y</b> |  |
|--|--|


|  |     |  |               |
|--|-----|--|---------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | Yes | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | 14 out of 155 |
|--|-----|--|---------------|

**DISCUSSIONS/COMMENTS**

Update policies/procedures per new regulations. On OEC website is sample policies and checklist to correlate Lead water test due 8/4/2025-to obtain new one. Discussed new regulations testing requirements.  
 Plastic climbers in under 3s playground-follow manufacturers guidelines  
 Preschool climber unclean  
 Children sign out on sign in/out sheets

**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                       | Karen Kellerman   | Olsen camli   | Printed Name                  |
| 2 <sup>nd</sup> OEC Representative |   | <b>APPLICANTS:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency. |                               |
| Printed Name                       |   | <b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>   |                               |

|   |   |   |
|---|---|---|
|  | Written Corrective Action Plan due by:<br><b>08/04/2025</b> | <b>DIVISION OF LICENSING</b><br>450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103<br>Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552<br>Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a> |
|---|---|---|

|   |  |
|---|--|
| OEC Representative's Email: <b>karen.kellerman@ct.gov</b> | 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> |
|---|--|