

**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:	Laurel School For Young Children	Date of Inspection:	8.8.25	Time of Arrival:	11:15am
Address:	162 Beardsley Pkwy	License Number:	15493	Expiration Date:	6/30/26
Town:	Trumbull 06611	Telephone Number:	203-374-6611	Summer Care:	open
Operator:	162 Beardsley Parkway Associates LLC	# of Staff Present:	8	# over 3 Present:	28
Email:	umichael@charter.net	Total Capacity:	66	Total Under 3 capacity:	29
Designated Director:	Michael Urbanek	Hours/Days of Operation:	M-F 7:00 am to 5:30pm		

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

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 2/9/24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMLETE/IMPLEMENTED</u> ★
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy ★
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill ★
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy ★
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy ★
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted (Schls-N/A)

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		<u>RATIOS</u>
<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group
<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> (d)(5)		Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)		Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (a)(2)		Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h)(1)		Health & Safety training
<input checked="" type="checkbox"/> (h)(2)		1% annual hours
<input checked="" type="checkbox"/> 34.		<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> (4)(C)(ii-v)		Swimming-Ratios
<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"/> (e)(6)		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.		<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) – (i)(2)(A-H)		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)		Consultant logs–documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)		Consultant visits- Education/Health
(H)(i)-(I)(i)		

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Laurel School For Young children	LICENSE NUMBER	15493	DATE OF INSPECTION	8.8.25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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36.	(a)(1)(A-C)	Children's Enrollment information	71.	(d)(1)	Emergency vehicle access
37.		<u>PARENT PERMISSIONS</u>	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
38.	(a)(2)(A-B)	Child Health Records	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	79.		<u>SMOKING</u>
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	81.	(d)(9)	Electrical safety – outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	82.		<u>TOILETING</u>
45.	(a)(4)	Video recordings- keep 30 days		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
47.	(a)(2)	Nutritious meals and snacks	84.	(d)(10)(B)	Toileting needs met
48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
50.	(a)(5)	Food Service Inspection (N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
53.	(a)(8)	Multi-use eating/drinking utensils	86.	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
54.	(a)(9)	Kitchen separated (N/A)	87.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
55.	(a)(10)	Children supervised during meal prep	88.	(d)(11)	Staff personal articles inaccessible
56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u>
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	89.	(e)(2)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall
58.	(b)(2)	Designated isolation area	90.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	91.	(e)(4)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (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		<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	92.	<input checked="" type="checkbox"/> (e)(5)	<u>WALLS/CEILINGS/FLOORS/RUGS</u>
			93.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
			94.	<input checked="" type="checkbox"/> (e)(7)	Rugs- not a tripping/slipping hazard
				<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/> (e)(7)	<u>TELEPHONE/TELEPHONE NUMBERS</u>
				<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
				<input checked="" type="checkbox"/> (e)(9)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/> (e)(10)	<u>LIGHTING</u>
				<input checked="" type="checkbox"/> (e)(11)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/> (e)(12)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
				<input checked="" type="checkbox"/> (e)(13)	Enough lighting for comfort
				<input checked="" type="checkbox"/> (e)(14-15)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/> (e)(16)	Potentially hazardous substances, materials labeled, inaccessible
				<input checked="" type="checkbox"/> (e)(17)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/> (e)(18)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/> (f)(1)(A)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/> (g)(1)	Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/> (g)(2)	Measures to prevent vermin
				<input checked="" type="checkbox"/> (g)(3)	Radon test- Results: 2.8 (Schls-N/A)
				<input checked="" type="checkbox"/> (g)(4)	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, free from rust
					Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
					Air conditioners/water heaters/fuse boxes inaccessible
					Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

62.	(a)(2)	Fire marshal codes/certificate 5128125	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
63.	(b)	Indoor/Outdoor space inspected/approved		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion		<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program		<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	97.	(e)(16)	Measures to prevent vermin
68.	(c)(4)	Testing of premises/grounds for chemicals	98.	(e)(17)	Radon test- Results: 2.8 (Schls-N/A)
69.		<u>WATER SUPPLY</u> – Public/Well (Schools-N/A)	99.	(e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(5)(A) *	Lead Water Test – Date: 2.5.24		<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)		<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
70.	<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results	100.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan no lead identified	101.	(g)(4)	Developmentally app equipment, materials
	<input checked="" type="checkbox"/>	Peeling Paint – Y/N Inside/Outside	102.		
			103.		
			104.		
			105.		
			106.		
			107.		

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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (e)(3)	
		<input checked="" type="checkbox"/> (e)(4)	
		<input checked="" type="checkbox"/> (e)(5)	
		<input checked="" type="checkbox"/> (e)(6-9)	
		<input checked="" type="checkbox"/> (e)(7)	
		<input checked="" type="checkbox"/> (e)(8)	
		<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	
		<input checked="" type="checkbox"/> (f)(2)	
		<input checked="" type="checkbox"/> (f)(3)	
		<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(2)	
		<input checked="" type="checkbox"/> (g)(3)	
		<input checked="" type="checkbox"/> (g)(4)	
		<input checked="" type="checkbox"/> (g)(5)	
		<input checked="" type="checkbox"/> (g)(6)	
		<input checked="" type="checkbox"/> (g)(7)	
		<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/>	131.	<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(2)	
		<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.		
		<input checked="" type="checkbox"/> (j)	
		<input checked="" type="checkbox"/> (k)(1)	
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

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

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SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N) <input checked="" type="checkbox"/> Y	MONITORING OF DIABETES 19a-79-13 (Y/N) <input checked="" type="checkbox"/> Y
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input type="checkbox"/> 172.	(b)(1)(A)	STAFF TRAINING
	(b)(1)(B)	Staff training – first aid
	(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	(b)(2)	Training updated at least every 3 years
	(b)(3)	Written documentation of training
	(c)(2)	Trained staff on site when child is present
<input type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 153.		SLEEP PROVISIONS
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input type="checkbox"/> (b)(6)(B)	Required bedding
	<input type="checkbox"/> (b)(6)(C)	Required toiletries
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/> 156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N 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
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

- Administrative oversight policy to be posted.

- Updated complaint procedure to be posted.

- Bathroom vent observed to be dusty

- Rust observed on swing chains ^{two}

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	Betty mayer
Printed Name	Betty Mayer

	Signature of person in charge
Joanna Urbane	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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by:	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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