

**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:	Carver Preschool	Date of Inspection:	9.5.25	Time of Arrival:	9:03
Address:	866 North Main St ext	License Number:	16859	Expiration Date:	3.31.27
Town:	Wallingford, 06492	Telephone Number:	203.886.1074	Summer Care:	Open
Operator:	New Life Church	# of Staff Present:	4	# over 3 Present:	0
Email:	danielle.kremzar@carverct.org	Total Capacity:	102	Total Under 3 capacity:	42
Designated Director:	Danielle Kremzar	Hours/Days of Operation:	M-F 6:30-5:30		

Instruction Codes:  = Regulation in Compliance    0 = Regulation not in Compliance    N/A = Not applicable at this time

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

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

1. (c)(8) Local Health Inspection-Date: 9.3.25

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

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

**STAFFING and CONSULTANTS 19a-79-4a**

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

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

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

<b>PROGRAM NAME</b>	Carver Preschool	<b>LICENSE NUMBER</b>	16859	<b>DATE OF INSPECTION</b>	9.5.25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<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

**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"/>	54.	(a)(9)	Kitchen separated (N/A)
<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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"/> (d)	<b>FIRST AID SUPPLIES</b> -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 9.3.25
<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"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<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)	<b>WATER SUPPLY</b> - (Public/Well (Schools-N/A))
		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 9.26.25
		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78: Y <sup>N</sup> Lead Test: Y <sup>N</sup> Results: none
		<input checked="" type="checkbox"/>	Lead Management Plan
		<input checked="" type="checkbox"/>	Peeling Paint - Y <sup>N</sup> Inside/Outside

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
		<input type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82.	<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected
		<input checked="" type="checkbox"/> (d)(10)(A)	<b>TOILETING</b>
		<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	83.	(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	84.		Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
		<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		<input checked="" type="checkbox"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(4)	Water temperature 60°F-120°F
		<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (e)(6)	Walls/ceilings/floors/rugs-clean/good repair
		<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)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
		<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)(10)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(11)	<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (e)(12)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(13)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(14-15)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(16)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> (e)(17)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(18)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (f)(1)(A)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (g)(1)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (g)(2)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (g)(3)	Measures to prevent vermin
		<input checked="" type="checkbox"/> (g)(4)	Radon test- Results: 0.3 (Schls-N/A)
		<input checked="" type="checkbox"/> (g)(4)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> (g)(4)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls		128.	<input checked="" type="checkbox"/> (e)(2)	<u>DIAPERING cont.</u>
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around			<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm			<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>			<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child			<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"			<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards			<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected			<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request			<input checked="" type="checkbox"/> (f)(2)	<u>LINENS/CLOTHING</u>
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible			<input checked="" type="checkbox"/> (f)(3)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous			<input checked="" type="checkbox"/> (f)(4)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCED</u>	<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	Linens/clothing stored individually
		(h)(7)	Playground protected from traffic, water, gullies or other hazards			<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
		(h)(7)(A)	Fences installed to protect from hazards-4 ft			<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks			<input checked="" type="checkbox"/> (g)(2)	Under 12 mths placed on back for sleeping
		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)			<input checked="" type="checkbox"/> (g)(3)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>			<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)			<input checked="" type="checkbox"/> (g)(5)	Infants allowed to adopt other sleep positions
		(i)	Wading pools prohibited			<input checked="" type="checkbox"/> (g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)			<input checked="" type="checkbox"/> (g)(7)	No unapproved sleeping-car seats/swings/beds, etc.

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>					131.	<input checked="" type="checkbox"/> (h)(1)	<u>TOYS AND OTHER OBJECTS</u>
<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents			<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>			<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
		(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"/> (h)(2)	No toys/objects less than 1 1/4 " diameter
		(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			<input type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
						<input checked="" type="checkbox"/> (i)(1)(2A-C)	Health consultant visits/documentation
						<input checked="" type="checkbox"/> (j)	<u>FEEDING</u>
						<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
						<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
						<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
						<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appv washing
						<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
						<input checked="" type="checkbox"/> (l)(1)	Bottles labeled with child's name
						<input checked="" type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
						<input checked="" type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
						<input checked="" type="checkbox"/> (l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

<b>UNDER THREE ENDORSEMENT 19a-79-10</b>	<input checked="" type="checkbox"/> Y/N
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<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement		140.	(b)	<u>SCHOOL AGE ENDORSEMENT 19a-79-11</u>
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)			<input type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			<input type="checkbox"/> (d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots			<input type="checkbox"/> (e)	Ratio- 1:15
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray				Group size- max. 30
<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.		<u>DIAPERING</u>				
		(e)(1)	Diaper area: elevated/sturdy/safety rail				

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y <sup>8</sup>	<b>MONITORING OF DIABETES 19a-79-13</b> Y <sup>8</sup>
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<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	
						(b)(1)(B)	
						(i)-(iii)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y<sup>8</sup></b>						(b)(2)	
						(b)(3)	
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(2)	
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher			(c)(3)	
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	174.	(d)(1)	
				<input checked="" type="checkbox"/>	175.	(d)(2)	
				<input checked="" type="checkbox"/>	176.	(d)(3)	
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	177.	(e)(1)	
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	178.	(e)(2)	
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	179.	(e)(3)	
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>				
		<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 checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input checked="" type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input checked="" type="checkbox"/>	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y <sup>8</sup> /N	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>				<b>DISCUSSIONS/COMMENTS</b> -Reviewed new reqs - program has sidewalk area - must be gated prior to licensure -square footage report attached new capacity will be: 102 with 42 under 3 -collected all change of address documentation  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.
		<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.		<b>MEDICATION TRAINING</b>				
		<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)				

<b>Signature of OEC staff</b>	Jennifer Schulz	<b>Signature of person in charge</b>	Donielle Kremtar
<b>Printed Name</b>	Len Schulz	<b>Printed Name</b>	Donielle Kremtar

<b>OEC DIVISION OF LICENSING</b> 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: NA
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**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>