



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

|   |  |      |                          |     |                    |                            |                    |                               |               |                  |
|---|--|------|--------------------------|-----|--------------------|----------------------------|--------------------|-------------------------------|---------------|------------------|
| Program Name  | HONEY TREE PRESCHOOL & CHILDCARE OF WILTON |      |                          |     | License Number     | DCCC.16851                 |                    | Date of Inspection            | 10/29/2025    |                  |
|   |  |      |                          |     | Expiration Date    | 6/30/2027                  |                    | Time of Inspection            | 09:30 AM      |                  |
| Address   | 992 DANBURY RD<br>WILTON CT 06897-4808     |      |                          |     | Telephone          | (203) 544-7575             |                    | Licensed Capacity             | 78            |                  |
|   |  |      |                          |     | Hours of Operation | 7:00 AM – 6:00 PM          |                    | Under Three Capacity          | 40            |                  |
| Is this a Change of Address?  |  | Yes? |                          | No? | X                  | Days of Operation          | Mon-Fri            |                               | Ages Served   | 6 – 6 week years |
| New Address   |  |      |                          |     | Night Hours        | No                         | Summer Hours       | Open                          | Weekend Hours | No               |
|   |  |      |                          |     | Program's Email    | sue@honeytreepreschool.com |                    |                               |               |                  |
| Operator  | KATEJA CORPORATION                         |      |                          |     | Director           | SUSAN CANFIELD             |                    |                               |               |                  |
| Endorsements  | Pre-School, School Age, Under Three        |      |                          |     | Name of Inspector  | Bridget Merrill            |                    |                               |               |                  |
| Key:<br>Compliant = X<br>Non-Compliant = <span style="color:red">O</span> | # Children Present under age 3             | 30   | # Total Children Present | 61  | # of Staff Present | 14                         | 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: <u>07/10/2024</u> |
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**ADMINISTRATION 19a-79-3a**

|  |  |
|--|--|
|  | <u>2. 3a(a)</u><br>ENSURING HEALTH & SAFETY OF CHILDREN          |
|  | <u>3. 3a(b)</u><br>OVERALL MANAGEMENT OF PROGRAM                 |
|  | <u>4. 3a(b)(6)</u><br>EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF |
|  | <u>5. 3a(b)(6)</u><br>ANNUAL POLICY TRAINING FOR PROGRAM STAFF   |
|  | <u>6. 3a(b)(7)(A)</u><br>CHILD BEHAVIOR MANAGEMENT               |

|          |  |  |
|----------|--|--|
|          | <b>7. 3a(b)(7)(B)</b><br>DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES |  |
|          | <b>8. 3a(b)(7)(C)</b><br>CHILD PROTECTION  |  |
|          | <b>9. 3a(b)(7)(E)</b><br>MANDATED REPORTING  |  |
| <b>X</b> | <b>10. 3a(c)(1-4)</b><br>NOTIFICATION OF CHANGE  |  |
|          | <b>11. 3a(d)(1)-(6)</b><br>POLICIES- COMPLETED, IMPLEMENTED                                | <input type="checkbox"/> DISCIPLINE (d)(2)(A) <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C) <input type="checkbox"/> CLOSING TIME (d)(3)<br><input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B) <input type="checkbox"/> SUPERVISION (d)(5)<br><input type="checkbox"/> GENERAL OPERATING (d)(6) <input type="checkbox"/> PERSONNEL (d)(7) <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)                 |
| <b>X</b> | <b>12. 3a(d)(1)</b><br>DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR                   |  |
| <b>X</b> | <b>13. 3a(f)</b><br>IMMEDIATE ACCESS BY PARENTS  | <input type="checkbox"/> ACCESS BY PARENTS (f) <input type="checkbox"/> ACCESS BY OEC (h)  |
|          | <b>14. 3a(l)</b><br>2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION                            |  |
| <b>X</b> | <b>15. 3a(m)</b><br>MOTOR VEHICLE LAWS – TRANSPORTATION                                    |  |
| <b>X</b> | <b>16. 3a(n)</b><br>CAPACITY   |  |
|          | <b>17. 3a(o)</b><br>RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS                |  |
| <b>X</b> | <b>18. 3a(e)(1)-(6)</b><br>POSTINGS  | <input type="checkbox"/> LICENSE (e)(1) <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2) <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)<br><input type="checkbox"/> MENUS (e)(3) <input type="checkbox"/> NO SMOKING SIGNS (e)(4) <input type="checkbox"/> OEC INSPECTION REPORT (e)(5)<br><input type="checkbox"/> RADON TEST 7a(e)(17) <input type="checkbox"/> SAFE SLEEP POLICY 10(g)(8) <input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6) |

| STAFFING AND CONSULTANTS 19a-79-4a |  |   |
|------------------------------------|--|---|
|                                    | 19. 4a(a)(1)<br>STAFF HEALTH RECORDS   |   |
|                                    | 20. 4a(a)(3)<br>DISCIPLINARY ACTIONS   |   |
|                                    | 21. 4a(b)<br>COMPREHENSIVE<br>BACKGROUND CHECKS                                |   |
|                                    | 21a. 4a(b)(4)<br>PAST EMPLOYMENT<br>HISTORY                                    |   |
|                                    | 22. 4a(b)(4)<br>EVIDENCE OF<br>COMPLIANCE WITH<br>BACKGROUND<br>CHECKS/HISTORY |   |
| X                                  | 23. 4a(d)<br>ADEQUATE STAFFING   |   |
| X                                  | 24. 4a(d)(1)<br>DESIGNATED HEAD<br>TEACHER – APPROVED –<br>60%                 |   |
| X                                  | 25. 4a(d)(2)<br>TWO STAFF PRESENT –<br>AGE 18 OR OLDER                         |   |
|                                    | 26. 4a(d)(3)(A-C)<br>PERSONAL QUALITIES<br>OF STAFF                            |   |
| X                                  | 27. 4a(d)(4)(A)<br>RATIOS 1:10 – INDOORS<br>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)                         |
| X                                  | 28. 4a(d)(4)(D)<br>SUPERVISION –<br>INDOORS AND<br>OUTDOORS                    |   |
| X                                  | 29. 4a(d)<br>GROUP SIZE – INDOORS<br>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) |
|                                    | 30. 4a(e)(1)<br>DESIGNATED DIRECTOR<br>– TRAINING                              |   |
|                                    | 31. 4a(f)(1)<br>CPR CERTIFIED<br>PROGRAM STAFF                                 |   |

|                                 |  |   |        |                |                   |
|---------------------------------|--|---|--------|----------------|-------------------|
|                                 | <b>32. 4a(f)(2)</b><br>FIRST AID CERTIFIED PROGRAM STAFF               |   |        |                |                   |
|                                 | <b>33. 4a(d)/(h)</b><br>PROFESSIONAL DEVELOPMENT                       | <input type="checkbox"/> DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) <input type="checkbox"/> HEALTH & SAFETY TRAINING (h)(1) <input type="checkbox"/> 1% ANNUAL HOURS (h)(2)  |        |                |                   |
| <b>X</b>                        | <b>34. 4a(C)-(e)</b><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)   |        |                |                   |
|                                 | <u>SWIMMING OFFERED?</u> N   |   |        |                |                   |
|                                 | <b>35. 4a(i)/(F)</b><br>CONSULTANTS – AGREEMENTS, LOGS, VISITS         | <input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D)<br><input 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) |        |                |                   |
|                                 | NOT IN COMPLIANCE  | EDUCATION   | HEALTH | SOCIAL SERVICE | DIETICIAN    N/A? |
|                                 | CONTRACTS  |   |        |                |                   |
|                                 | LOGS   |   |        |                |                   |
|                                 | VISITS   |   |        |                |                   |
| <b>RECORD KEEPING 19a-79-5a</b> |  |   |        |                |                   |
|                                 | <b>36. 5a(a)(1)(A-C)</b><br>ENROLLMENT INFORMATION                     |   |        |                |                   |
|                                 | <b>37. 5a(a)(1)(D)</b><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)   |        |                |                   |
|                                 | <b>38. 5a(a)(2)(A-B)</b><br>CHILD HEALTH RECORDS                       |   |        |                |                   |
|                                 | <b>39. 5a(a)(2)(C)</b><br>IMMUNIZATION RECORDS                         |   |        |                |                   |
| <b>X</b>                        | <b>40. 5a(a)(2)(E)</b><br>INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF |   |        |                |                   |
|                                 | <b>41. 5a(a)(3)(A)</b><br>INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS  |   |        |                |                   |
|                                 | <b>42. 5a(a)(3)(B)</b><br>PARENT NOTIFICATION OF ILLNESS OR INJURY     |   |        |                |                   |

|                                    |  |  |
|------------------------------------|--|--|
|                                    | <b>43. 5a(a)(3)(C)(i-ii)</b><br>NOTIFY OEC OF SERIOUS INJURIES, FATALITY                         |  |
|                                    | <b>44. 5a(a)(3)(D)</b><br>NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES                          |  |
|                                    | <b>45. 5a(a)(4)</b><br>VIDEO RECORDINGS- KEEP FOR 30 DAYS  |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |  |
|                                    | <b>46. 5a(a)(1)</b> N/A: Y<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>51. 5a(a)(6)</b> N/A: Y<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>54. 5a(a)(9)</b> N/A: Y<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   |  |

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|  | <p><b>57. 5a(b)(1)</b><br/>ILLNESS PROCEDURES-<br/>STAFF<br/>KNOWLEDGEABLE,<br/>CHILDREN OBSERVED<br/>FOR SIGNS/SYMPTOMS</p>        |   |
|  | <p><b>58. 5a(b)(2)</b><br/>DESIGNATED ISOLATION<br/>AREA</p>  |   |
| <p><b>X</b></p>                        | <p><b>59. 5a(c-d)</b><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> |   |   |
| <p><b>X</b></p>                        | <p><b>62. 7a(a)(2)</b><br/>FIRE MARSHAL CODES –<br/>CERTIFICATE<br/>DATE: <u>02/12/2025</u></p>                                     |   |
| <p><b>X</b></p>                        | <p><b>63. 7a(b)</b><br/>INDOOR/OUTDOOR<br/>SPACE INSPECTED AND<br/>APPROVED PRIOR TO<br/>USE</p>                                    |   |
|  | <p><b>64. 7a(b)(1)-(5)</b><br/>CONSTRUCTION-<br/>EXPANSION-<br/>RENOVATION-<br/>CONVERSION</p>                                      |   |
|  | <p><b>65. 7a(b)(6)</b><br/>SPACE NOT INSPECTION<br/>OR APPROVED BUT<br/>USED FOR FIELD TRIPS-<br/>WRITTEN PARENT<br/>PERMISSION</p> |   |
| <p><b>O</b></p>                        | <p><b>66. 7a(c)(2)</b><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 1 bulb was out in PreK, cabinet door hinge in disrepair in Preschool and dusty vents in PreK/ Preschool bathrooms.</p>  |
|  | <p><b>67. 7a(c)(3)</b><br/>BUILDING, EQUIPMENT,<br/>FURNISHINGS -<br/>SANITARY AND HAZARD<br/>FREE</p>                              |   |
|  | <p><b>68. 7a(c)(4)</b><br/>TESTING OF PREMISES<br/>OR GROUNDS FOR<br/>CHEMICALS</p>   |   |
|  | <p><b>69. 7a(c)(5)(A-C)</b><br/>WATER SUPPLY<br/>TYPE: <u>Public Water</u><br/>(SCHOOLS-N/A)</p>                                    | <p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: _____ <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:<br/> <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>  |

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| <p><b>X</b></p> | <p><b>70. 7a(c)(6)(A-D)</b><br/>LEAD PAINT-BUILDING PRE-78? <u>Yes</u><br/><br/><input type="checkbox"/> PEELING PAINT – SAMPLE TAKEN</p> | <p><input type="checkbox"/> PRE-78 LEAD TEST (c6)(A)      TEST RESULTS: <u>No Lead Identified</u><br/><input type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____</p>   |
| <p><b>X</b></p> | <p><b>71. 7a(d)(1)</b><br/>EMERGENCY VEHICLE ACCESS</p>   |  |
| <p><b>X</b></p> | <p><b>72. 7a(d)(2)</b><br/>WALKWAYS MAINTAINED</p>  |  |
| <p><b>X</b></p> | <p><b>73. 7a(d)(2)</b><br/>WINDOWS PROTECTED TO PREVENT FALLS</p>   |  |
| <p><b>X</b></p> | <p><b>74. 7a(d)(3)</b><br/>WINDOW SCREENS</p>   |  |
| <p><b>X</b></p> | <p><b>75. 7a(d)(4)</b><br/>GLASS/MIRRORS PROTECTED UP TO 36"</p>  |  |
| <p></p>         | <p><b>76. 7a(d)(5)</b> N/A: <u>Y</u><br/>OVERHEAD DOORS-LOCKING DEVICES, SPRING PROTECTORS</p>  |  |
| <p><b>X</b></p> | <p><b>77. 7a(d)(6) – (f)(3)</b><br/>EXITS, STAIRS, HALLWAYS UNOBSTRUCTED</p>  |  |
| <p><b>X</b></p> | <p><b>78. 7a(d)(7)</b><br/>INDIVIDUAL STORAGE OF CLOTHING AND BEDDING</p>   |  |
| <p><b>X</b></p> | <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<br/><input type="checkbox"/> MATCHES/LIGHTERS INACCESSIBLE</p>   |
| <p><b>X</b></p> | <p><b>81. 7a(d)(9)</b><br/>ELECTRICAL SAFETY – OUTLETS INACCESSIBLE-COVERED OR PROTECTED</p>  |  |
| <p><b>X</b></p> | <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)<br/><input type="checkbox"/> POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C)      <input type="checkbox"/> REQUIRED TOILETS/SINKS 1:16 (10C)<br/><input type="checkbox"/> TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E)      <input type="checkbox"/> HANDWASHING STAFF/CHILDREN (10E)<br/><input type="checkbox"/> TOILETS/SINKS LOCATED AT THE FACILITY (10F)      <input type="checkbox"/> WELL LIGHTED/VENTILATED TOILET ROOMS (10G)<br/><input type="checkbox"/> MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A: )<br/><input type="checkbox"/> SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)</p> |

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| X | 83. 7a(d)(11)<br>STAFF PERSONAL<br>ARTICLES INACCESSIBLE  |  |
| X | 84.7a(e)(1-2)<br>AIR TEMPERATURE<br>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<br>HEATERS PROHIBITED  |  |
| X | 88. 7a(e)(5)<br>WALLS, CEILINGS,<br>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<br>PIPES PROTECTED   |  |
| X | 91. 7a(e)(7)<br>TELEPHONES –<br>TELEPHONE NUMBERS –<br>PARENTS PROVIDED<br>DIRECT ON-SITE PHONE<br>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<br>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) |
| X | 95. 7a(e)(10)<br>POTENTIALLY<br>HAZARDOUS<br>SUBSTANCE, MATERIALS<br>LABELED, INACCESSIBLE                |  |
| X | 96. 7a(e)(11)<br>GARBAGE/RUBBISH<br>DISPOSED DAILY-<br>CONTAINERS IN GOOD<br>REPAIR                       |  |
| X | 97. 7a(e)(12)<br>STAIRS- PROTECTED,<br>GOOD REPAIR,<br>HANDRAILS  |  |
| X | 98. 7a(e)(13)<br>TOXIC<br>PLANTS/MATERIALS<br>INACCESSIBLE  |  |

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|   | 99. 7a(e)(14-15) N/A: Y<br>PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN |   |
| X | 100. 7a(e)(16)<br>MEASURES TO PREVENT VERMIN   |   |
| X | 101. 7a(e)(17) Schls N/A:<br>RADON TEST DATE:<br>10/05/2010<br>RESULTS:<br>.5                                    |   |
| X | 102. 7a(e)(18) N/A:<br>OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL   |   |
| X | 103. 7a (f)(1)(A)<br>PROGRAM SPACE- ADEQUATE- 35 SQUARE FEET PER CHILD   |   |
| O | 104. 7a(g)(1)<br>EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS      | Program not in compliance with ensuring that equipment is free from rust in microwave in Garden Bees, top rail of outdoor fencing & gate to preschool playground. |
| X | 105. 7a(g)(2)<br>ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)               |   |
| X | 106. 7a(g)(3)<br>AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE  |   |
| X | 107. 7a(g)(4)<br>DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS   |   |
|   | 108. 7a(g)(5)<br>MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS                 |   |
|   | 109. 7a(g)(6)<br>INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND                                 |   |
| X | 110. 7a(j)<br>NO WEAPONS, NO FACSIMILE OF A FIREARM  |   |

| 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 type="checkbox"/> SHOCK ABSORBING SURFACES- MIN. 8" (h2)<br/> <input type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3)      <input checked="" 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 that screws that protrude are covered or protected when exposed screw ends were observed on outdoor fence posts &amp; gates.</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>  |
| <b>X</b>                             | <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:      <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>X</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>  |

|  |  |  |   |   |   |  |   |  |   |   |  |  |
|--|--|--|---|---|---|--|---|--|---|---|--|--|
| 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>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>124. 10(d)(2)(C)</u><br/>CHAIRS FOR FEEDING,<br/>STABLE BASE, SAFETY<br/>STRAPS, LOCKING TRAY</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>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <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 type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)</td> <td><input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)</td> </tr> <tr> <td><input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)</td> <td><input 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> | <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 type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5) | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9) | <input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7) | <input 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 type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)                | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)   |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)                  | <input 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)<br/> <input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2)     <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)<br/> <input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)<br/> <input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)<br/> <input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)<br/> <input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)<br/> <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)<br/> <input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)<br/> <input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)         </p>  |
|  | <p><b>135. (i)(1)(2 A-C)</b><br/>HEALTH CONSULTANT VISITS- DOCUMENTATION</p>   |   |
| <p style="text-align: center; font-size: 24pt; color: red;"><b>O</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)<br/> <input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)<br/> <input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)<br/> <input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)<br/> <input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4)     <input checked="" type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)         </p> <p>Program not in compliance with ensuring 4 bottles for 1 child were individually identified with the child's name in Seedlings.</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><b>138. (l)(2)</b><br/>OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</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></p>                           |  | <p>IS THERE AN APPROVED ENDORSEMENT?     Yes</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>   | <input type="checkbox"/> WRITTEN DAILY PROGRAM PLAN- FLEXIBLE SCHEDULE- AVAILABLE TO PARENT/STAFF (c)<br><input type="checkbox"/> ACTIVITIES NOT A DUPLICATION OF CHILD'S DAY (c)(1)<br><input type="checkbox"/> ACTIVITIES INCLUDE COGNITIVE, PHYSICAL, SOCIAL, EMOTIONAL NEEDS OF THE CHILDREN (c)(2)<br><input type="checkbox"/> PROGRAM OFFERS FREE TIME, SNACKS, CREATIVE, PHYSICAL ACTIVITIES, SMALL GROUP, SELF-CONCEPT ACTIVITIES, HOMEWORK TIME, SPECIAL EVENTS (c)(3) |
| <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>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>O</b></p> | <p><b>159. 9a(a)(2)-(3)</b><br/>NON-PRESCRIPTION TOPICAL MEDICATION</p>                             | <p><input checked="" 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>Program not in compliance with maintaining written parent permission for 1 diaper cream in Baby Bees.</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>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>X</b></p> | <p><b>164. 9a(b)(5)(A-B)</b><br/>LABELING AND STORAGE</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   |  |
|          | <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**



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


|   |     |                                     |              |
|---|-----|-------------------------------------|--------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 5 out of 105 |
|---|-----|-------------------------------------|--------------|

**DISCUSSIONS/COMMENTS**

Licensing Specialist to return at later date to complete inspection. Program has a new Education consultant, Holly Ghannam. Provided program with information on accessing sample policies/ coordinating checklist to be used to comply with October 2024 regulations. Discussed outdoor first aid kit needs working thermometer.

**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                       | Bridget Merrill   | Sue Canfield   | Printed Name                  |
| 2 <sup>nd</sup> OEC Representative |   | <b>APPLICANTS:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> 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>11/12/2025</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> |
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| OEC Representative's Email: <b>bridget.merrill@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> |
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