



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

|  |  |      |                          |    |                    |                                    |                    |                               |               |    |  |
|--|--|------|--------------------------|----|--------------------|------------------------------------|--------------------|-------------------------------|---------------|----|--|
| Program Name                               | CHILDREN'S PRESCHOOL                       |      |                          |    | License Number     | DCCC.12242                         |                    | Date of Inspection            | 10/30/2025    |    |  |
|  |  |      |                          |    | Expiration Date    | 11/30/2028                         |                    | Time of Inspection            | 11:01 AM      |    |  |
| Address                                    | 608 WHITNEY AVE<br>NEW HAVEN CT 06511-2219 |      |                          |    | Telephone          | (203) 777-2491                     |                    | Licensed Capacity             | 30            |    |  |
|  |  |      |                          |    | Hours of Operation | 8:00 AM – 5:30 PM                  |                    | Under Three Capacity          | 0             |    |  |
| Is this a Change of Address?               |  | Yes? |                          |    | No?                | X                                  |                    | Days of Operation             | Mon-Fri       |    |  |
| New Address                                |  |      |                          |    | Night Hours        | No                                 | Summer Hours       | Open                          | Weekend Hours | No |  |
|  |  |      |                          |    | Program's Email    | director@thechildrenspreschool.org |                    |                               |               |    |  |
| Operator                                   | CHILDREN'S PRESCHOOL INC                   |      |                          |    | Director           | MARY DICKERSON                     |                    |                               |               |    |  |
| Endorsements                               | Pre-School                                 |      |                          |    | Name of Inspector  | Jenn Schulz                        |                    |                               |               |    |  |
| Key:<br>Compliant = X<br>Non-Compliant = O | # Children Present under age 3             | 0    | # Total Children Present | 23 | # of Staff Present | 5                                  | Type of Inspection | UNANNOUNCED INSPECTION - FULL |               |    |  |

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

|   |   |  |
|---|---|--|
| X | 1. 19a-79-2a(c)(8)<br>LOCAL HEALTH INSPECTION<br>DATE: 07/23/2024 |  |
|---|---|--|

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

|   |   |   |
|---|---|---|
| O | 2. 3a(a)<br>ENSURING HEALTH & SAFETY OF CHILDREN          | Program not in compliance with ensuring the safety, health and development of the children when child with epi-pen/allergy meds were present and medication authorization observed to be expired and no staff present with documentation of current epi-pen med training on site. |
| X | 3. 3a(b)<br>OVERALL MANAGEMENT OF PROGRAM                 |   |
| X | 4. 3a(b)(6)<br>EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF |   |
| O | 5. 3a(b)(6)<br>ANNUAL POLICY TRAINING FOR PROGRAM STAFF   | Program was not in compliance with ensuring the annual policy, plans and procedure training of staff when documentation of annual review of policy was not observed and new Director was not aware of the requirement of conducting annual policy review.                         |
| X | 6. 3a(b)(7)(A)<br>CHILD BEHAVIOR MANAGEMENT               |   |

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

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

|                                 |   |  |        |                |                   |
|---------------------------------|---|--|--------|----------------|-------------------|
| X                               | 32. 4a(f)(2)<br>FIRST AID CERTIFIED PROGRAM STAFF               |  |        |                |                   |
| O                               | 33. 4a(d)/(h)<br>PROFESSIONAL DEVELOPMENT                       | <input type="checkbox"/> DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) <input checked="" type="checkbox"/> HEALTH & SAFETY TRAINING (h)(1) <input type="checkbox"/> 1% ANNUAL HOURS (h)(2)<br>Program not in compliance with ensuring staff have taken the required health & safety training when 3 out of 6 staff files reviewed did not include documentation of the successful completion of the required health and safety training.  |        |                |                   |
| X                               | 34. 4a(C)-(e)<br>SWIMMING ACTIVITIES                            | <input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i)<br><input type="checkbox"/> CPR CERT STAFF-AGE 20↑ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)  |        |                |                   |
| SWIMMING OFFERED? N             |   |  |        |                |                   |
| O                               | 35. 4a(i)/(F)<br>CONSULTANTS – AGREEMENTS, LOGS, VISITS         | <input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D)<br><input checked="" type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H)<br><input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F)<br><input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)<br>Program not in compliance with maintaining current/complete consultant agreements when the current agreements do not include all required services in accordance with the new regulations effective 10/16/2024. Documentation of health consultant visits not available during inspection. |        |                |                   |
| NOT IN COMPLIANCE               |   | EDUCATION  | HEALTH | SOCIAL SERVICE | DIETICIAN    N/A? |
| CONTRACTS                       |   | O  | O      | O              |                   |
| LOGS                            |   |  | O      |                |                   |
| VISITS                          |   |  |        |                |                   |
| <b>RECORD KEEPING 19a-79-5a</b> |   |  |        |                |                   |
| X                               | 36. 5a(a)(1)(A-C)<br>ENROLLMENT INFORMATION                     |  |        |                |                   |
| X                               | 37. 5a(a)(1)(D)<br>PARENT PERMISSIONS                           | <input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii)<br><input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv)  |        |                |                   |
| O                               | 38. 5a(a)(2)(A-B)<br>CHILD HEALTH RECORDS                       | Program not in compliance with maintaining current/complete health records for children when two out of 6 Childrens files reviewed did not have current child health records   |        |                |                   |
| X                               | 39. 5a(a)(2)(C)<br>IMMUNIZATION RECORDS                         | Program not in compliance with maintaining current/complete immunizations records for children when.   |        |                |                   |
| O                               | 40. 5a(a)(2)(E)<br>INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF | Program not in compliance with maintaining staff/parent signatures on individual care plans when one albuterol on site with a care plan not signed by the parent. Observed 1 ibuprofen on site without a care plan.  |        |                |                   |
| X                               | 41. 5a(a)(3)(A)<br>INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS  |  |        |                |                   |
| X                               | 42. 5a(a)(3)(B)<br>PARENT NOTIFICATION OF ILLNESS OR INJURY     |  |        |                |                   |

|                                    |  |   |
|------------------------------------|--|---|
| <b>X</b>                           | <b>43. 5a(a)(3)(C)(i-ii)</b><br>NOTIFY OEC OF SERIOUS INJURIES, FATALITY                       |   |
| <b>X</b>                           | <b>44. 5a(a)(3)(D)</b><br>NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES                        |   |
| <b>X</b>                           | <b>45. 5a(a)(4)</b><br>VIDEO RECORDINGS- KEEP FOR 30 DAYS                                      |   |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |   |
| <b>X</b>                           | <b>46. 5a(a)(1)</b> N/A:<br>PREPARATION AND TRANSPORTATION OF FOOD- FOLLOW DPH MODEL FOOD CODE |   |
| <b>X</b>                           | <b>47. 5a(a)(2)</b><br>NUTRITIOUS MEALS AND SNACKS   |   |
| <b>X</b>                           | <b>48. 5a(a)(3)</b><br>PROPER REFRIGERATION (MAX 41°)  |   |
| <b>O</b>                           | <b>49. 5a(a)(4)</b><br>MENUS- 1 WK IN ADVANCE-KEEP 3 MONTHS                                    | Program not in compliance with ensuring menus were prepared at least one week in advance when the posted menu is for current week only. |
|                                    | <b>50. 5a(a)(5)</b> N/A:Y<br>FOOD SERVICE INSPECTION DATE: _____                               |   |
| <b>X</b>                           | <b>51. 5a(a)(6)</b> N/A:<br>KITCHEN-CLEAN – SAFE STORAGE OF FOOD/SUPPLIES                      |   |
| <b>X</b>                           | <b>52. 5a(a)(7)</b><br>SEPARATE HAND WASHING FACILITIES  |   |
| <b>X</b>                           | <b>53. 5a(a)(8)</b><br>MULTI-USE EATING AND DRINKING UTENSILS                                  |   |
| <b>X</b>                           | <b>54. 5a(a)(9)</b> N/A:<br>KITCHEN SEPARATED BY A DOOR OR GATE                                |   |
| <b>X</b>                           | <b>55. 5a(a)(10)</b><br>CHILDREN SUPERVISED DURING MEAL PREP                                   |   |
| <b>X</b>                           | <b>56. 5a(a)(11)</b><br>HANDWASHING – STAFF AND CHILDREN                                       |   |

|  |   |   |
|--|---|---|
| X                                      | <p><u>57. 5a(b)(1)</u><br/>ILLNESS PROCEDURES-<br/>STAFF<br/>KNOWLEDGEABLE,<br/>CHILDREN OBSERVED<br/>FOR SIGNS/SYMPTOMS</p>        |   |
| X                                      | <p><u>58. 5a(b)(2)</u><br/>DESIGNATED ISOLATION<br/>AREA</p>  |   |
| X                                      | <p><u>59. 5a(c-d)</u><br/>FIRST AID KITS AND<br/>SUPPLIES</p>   | <p><input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c)<br/> <input type="checkbox"/> FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c)<br/> <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS-<br/>                 WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:</p> |
| <p><b>PHYSICAL PLANT 19a-79-7a</b></p> |   |   |
| O                                      | <p><u>62. 7a(a)(2)</u><br/>FIRE MARSHAL CODES –<br/>CERTIFICATE<br/>DATE: <u>09/14/2022</u></p>                                     | <p>Program not in compliance with maintaining a current fire marshal certificate when posters certificate is more than 3 years old.</p>   |
| X                                      | <p><u>63. 7a(b)</u><br/>INDOOR/OUTDOOR<br/>SPACE INSPECTED AND<br/>APPROVED PRIOR TO<br/>USE</p>                                    |   |
| X                                      | <p><u>64. 7a(b)(1)-(5)</u><br/>CONSTRUCTION-<br/>EXPANSION-<br/>RENOVATION-<br/>CONVERSION</p>                                      |   |
| X                                      | <p><u>65. 7a(b)(6)</u><br/>SPACE NOT INSPECTION<br/>OR APPROVED BUT<br/>USED FOR FIELD TRIPS-<br/>WRITTEN PARENT<br/>PERMISSION</p> |   |
| X                                      | <p><u>66. 7a(c)(2)</u><br/>LICENSED PREMISES-<br/>CLEAN, GOOD REPAIR,<br/>HAZARD FREE,<br/>MAINTENANCE<br/>PROGRAM</p>              |   |
| X                                      | <p><u>67. 7a(c)(3)</u><br/>BUILDING, EQUIPMENT,<br/>FURNISHINGS -<br/>SANITARY AND HAZARD<br/>FREE</p>                              |   |
| X                                      | <p><u>68. 7a(c)(4)</u><br/>TESTING OF PREMISES<br/>OR GROUNDS FOR<br/>CHEMICALS</p>   |   |
| X                                      | <p><u>69. 7a(c)(5)(A-C)</u><br/>WATER SUPPLY<br/>TYPE: <u>Public Water</u><br/>(SCHOOLS-N/A)</p>                                    | <p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>06/24/2024</u> <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:<br/> <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>  |

|                 |   |   |
|-----------------|---|---|
| <p><b>O</b></p> | <p><b>70. 7a(c)(6)(A-D)</b><br/>LEAD PAINT-BUILDING PRE-78? <u>Yes</u></p> <p><input type="checkbox"/> PEELING PAINT – SAMPLE TAKEN</p> | <p><input type="checkbox"/> PRE-78 LEAD TEST (c6)(A)      TEST RESULTS: <u>Management Plan Approved</u></p> <p><input checked="" type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D)      PLAN REQUIRES: _____</p> <p><b>Program not in compliance with compliance of a lead management plan when new program director was not aware of the lead management plan and not observed during inspection.</b></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</p> <p><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)</p> <p><input type="checkbox"/> POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C)      <input type="checkbox"/> REQUIRED TOILETS/SINKS 1:16 (10C)</p> <p><input type="checkbox"/> TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E)      <input type="checkbox"/> HANDWASHING STAFF/CHILDREN (10E)</p> <p><input type="checkbox"/> TOILETS/SINKS LOCATED AT THE FACILITY (10F)      <input type="checkbox"/> WELL LIGHTED/VENTILATED TOILET ROOMS (10G)</p> <p><input type="checkbox"/> MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A: )</p> <p><input type="checkbox"/> SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)</p> |

|   |   |  |
|---|---|--|
| X | 83. 7a(d)(11)<br>STAFF PERSONAL<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  |  |

|   |  |  |
|---|--|--|
|   | 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>02/05/2015<br>RESULTS:<br>2.3                                   |  |
| O | 102. 7a(e)(18) N/A:<br>OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL   | Program not in compliance with maintaining at least one carbon monoxide detector on each occupied level when no carbon monoxide detector was observed. |
| X | 103. 7a (f)(1)(A)<br>PROGRAM SPACE-ADEQUATE- 35 SQUARE FEET PER CHILD  |  |
| X | 104. 7a(g)(1)<br>EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS      |  |
| 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   |  |
| X | 108. 7a(g)(5)<br>MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS                 |  |
| X | 109. 7a(g)(6)<br>INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND                                 |  |
| X | 110. 7a(i)<br>NO WEAPONS, NO FACSIMILE OF A FIREARM  |  |

| PHYSICAL PLANT- OUTDOOR SPACE        |  |
|--------------------------------------|--|
| <b>X</b>                             | <p><u>111. 7a(h)(1-9)</u><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 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> |
| <b>X</b>                             | <p><u>112. (h)(7)(A-C)</u><br/>OUTDOOR SPACE - PROTECTED - FENCING</p> <p><input type="checkbox"/> PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7)<br/> <input type="checkbox"/> FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A)<br/> <input type="checkbox"/> FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B)<br/> <input type="checkbox"/> ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)</p>   |
|                                      | <p><u>114. (i)</u><br/>WATER HAZARDS</p> <p><input type="checkbox"/> POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: Y      <input type="checkbox"/> WADING POOLS PROHIBITED<br/> <input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:</p>  |
| EDUCATIONAL REQUIREMENTS 19a-79-8a   |  |
| <b>X</b>                             | <p><u>115. (a)</u><br/>WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS</p>  |
| <b>X</b>                             | <p><u>116. (a)(1-11), (b)</u><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 |  |
|                                      | IS THERE AN APPROVED ENDORSEMENT?      No  |
|                                      | <p><u>117. 10(b)</u><br/>APPROVED UNDER THREE ENDORSEMENT</p>  |
|                                      | <p><u>118. 10(c)(2)</u><br/>RATIO OF STAFF TO CHILDREN<br/>1:4 (6 WKS-24MTHS)<br/>1:5 (24-36 MTHS)</p>   |

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|--|--|--|---|---|---|--|---|--|---|---|--|--|
|  | <p><b>119. 10(c)(3)</b><br/>GROUP SIZE -<br/>MAX 8 (6 WKS-24 MTHS)<br/>MAX 10 (24-36 MTHS)</p>   |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>120. 10(c)(4)</b><br/>PHYSICAL BARRIERS<br/>SEPARATING EACH<br/>GROUP<br/>(INDOORS AND OUTDOORS)</p>   |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>121. 10(d)(1)(A-C)</b><br/>ADEQUATE SINKS IN<br/>PROGRAM SPACE<br/>(GRP HOMES-ACCESSIBLE)<br/>HANDWASHING,<br/>DIAPERING, FOOD PREP<br/>USES</p> |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>122. 10(d)(2)(A i-iii)</b><br/>CRIBS AND PACK-N-<br/>PLAYS- IN COMPLIANCE<br/>WITH CPSC</p>  |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>123. 10(d)(2)(B)</b><br/>WASHABLE COTS</p>   |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>124. 10(d)(2)(C)</b><br/>CHAIRS FOR FEEDING,<br/>STABLE BASE, SAFETY<br/>STRAPS, LOCKING TRAY</p>  |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>125. 10(d)(2)(D)</b><br/>DEVELOPMENTALLY<br/>APPROPRIATE TABLES,<br/>CHAIRS, EQUIPMENT</p>   |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>126. 10(d)(2)(E)</b><br/>REFRIGERATORS AND<br/>FOOD PREP FACILITIES</p>  |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>127. 10(d)(3)(A-C)</b><br/>OPTIONAL FURNITURE-<br/>EQUIPMENT-<br/>SAFE/HAZARD FREE</p>   |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>128. 10(e)(1-10)</b><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) |  |  |   |   |   |  |   |  |   |   |  |  |
|  | <p><b>129. 10(f)(1-4)</b><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><b>130. 10(g)(1-8)</b><br/>SAFE SLEEP – POSITIONING CRIBS POLICIES</p>  | <p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1)      <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2)      <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7)      <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p> |
|  | <p><b>131. (h)(1)</b><br/>TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p>  | <p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1)      <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p>  |
|  | <p><b>135. (i)(1)(2 A-C)</b><br/>HEALTH CONSULTANT VISITS- DOCUMENTATION</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 TODDLER (j)</p> <p><input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)</p> <p><input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)</p> <p><input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)</p> <p><input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4)      <input type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)</p>   |
|  | <p><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 ¼"- 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?      No</p>   |
|  | <p><b>140. 11(b)</b><br/>APPROVED SCHOOL AGE ENDORSEMENT</p>   |  |

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

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

IS THERE AN APPROVED ENDORSEMENT? No

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

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

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

|                 |   |  |
|-----------------|---|--|
| <p><b>X</b></p> | <p><b>157. 9a</b><br/>WRITTEN MEDICATION POLICIES, PROCEDURES</p>                                   |  |
| <p><b>X</b></p> | <p><b>158. 9a</b><br/>PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES</p>            |  |
| <p><b>X</b></p> | <p><b>159. 9a(a)(2)-(3)</b><br/>NON-PRESCRIPTION TOPICAL MEDICATION</p>                             | <p><input type="checkbox"/> ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2)      <input type="checkbox"/> LABELING AND STORAGE (a)(3)(A-B)<br/> <input type="checkbox"/> UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)</p>   |
| <p><b>O</b></p> | <p><b>160. 9a(b)(1-2)</b><br/>MEDICATION TRAINING</p>   | <p><input type="checkbox"/> MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C)<br/> <input type="checkbox"/> INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D)<br/> <input type="checkbox"/> INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F)      <input type="checkbox"/> RECTAL MEDICATION (b)(1)(E)<br/> <input checked="" type="checkbox"/> TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B)      <input type="checkbox"/> TRAINING OUTLINE ON FILE (b)(2)(C)</p> <p>Program not in compliance with ensuring staff are trained in premeasured injectable medication topics when current training certificates not available during inspection., One child on site with an epi-pen.</p> |
| <p><b>O</b></p> | <p><b>161. 9a(b)(3)(A-B)</b><br/>AUTHORIZED PRESCRIBER- PARENT PERMISSION</p>                       | <p>Program not in compliance with maintaining current written medication orders when 1 epi-pen and 1 certrizine was observed on site without current authorization forms, both expired on 8/14/2025.</p>   |
| <p><b>X</b></p> | <p><b>162. 9a(b)(3)(D)</b><br/>MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION</p> |  |
| <p><b>X</b></p> | <p><b>163. 9a(b)(4)(A-B)</b><br/>MEDICATION ADMINISTRATION RECORDS (MAR)</p>                        |  |
| <p><b>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   |  |
| <b>X</b> | <u>169. 9a(b)(7)(A-B)</u><br>PETITION FOR SPECIAL MEDICATION AUTHORIZATION                          |  |
|          | <u>170. 9a(d)</u> N/A: <b>Y</b><br>POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION- PERMISSION/STORAGE |  |

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

CHILD WITH DIABETES ENROLLED?

**N**

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

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

**ADDITIONAL VIOLATIONS**



|  |  |
|--|--|
| 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: | 13 out of 127 |
|---|-----|-------------------------------------|---------------|

**DISCUSSIONS/COMMENTS**

Policy review checklist provided during inspection highlighting changes to the childcare center regs, effective 10/16/2024. Program must ensure policies are updated to reflect new requirements. Menus to be posted where parents can view Discussed News Director Technical assistance-provided contact info All items checked were observed or discussed. Reviewed new regulations.

**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                       | Jenn Schulz   | Dr Mary Dickerson  | 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                       |   | THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.   |                               |

|   |   |   |
|---|---|---|
|  | Written Corrective Action Plan due by:<br><b>11/13/2025</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:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a> |
|---|---|---|

|   |  |
|---|--|
| OEC Representative's Email: <b>jennifer.schulz@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> |
|---|--|