



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

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

| | | | | | | | | | | |
|--|---------------------------------------|----|--------------------------|----|--------------------|--------------------------|--------------------|-------------------------------|------------------|----|
| Program Name | BUSY BEE DAYCARE AND PRESCHOOL | | | | License Number | DCCC.70700 | | Date of Inspection | 11/20/2025 | |
| | | | | | Expiration Date | 4/30/2027 | | Time of Inspection | 08:27 AM | |
| Address | 250 RIVER RD SHELTON CT 06484-4419 | | | | Telephone | (203) 513-2293 | | Licensed Capacity | 38 | |
| | | | | | Hours of Operation | 7:00 AM – 5:30 PM | | Under Three Capacity | 16 | |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Fri | | Ages Served | 6 – 8 week years | |
| New Address | | | | | Night Hours | No | Summer Hours | Open | Weekend Hours | No |
| | | | | | Program's Email | bbedaycare.llc@gmail.com | | | | |
| Operator | BUSY BEE DAYCARE AND PRESCHOOL LLC | | | | Director | JACLYN TERENCEFF | | | | |
| Endorsements | Pre-School, School Age, Under Three | | | | Name of Inspector | Fil Montanye | | | | |
| Key: Compliant = X Non-Compliant = O | # Children Present under age 3 | 10 | # Total Children Present | 24 | # of Staff Present | 6 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|---|---|--|
| X | 1. 19a-79-2a(c)(8) LOCAL HEALTH INSPECTION DATE: 04/02/2025 | |
|---|---|--|

ADMINISTRATION 19a-79-3a

| | | |
|---|---|---|
| O | 2. 3a(a) ENSURING HEALTH & SAFETY OF CHILDREN | Program not in compliance with ensuring the safety, health and development of the children when 5 children are in attendance with prefilled injectable medications and no staff has a current medication administration for prefilled injectable all expired 8/2025 |
| X | 3. 3a(b) OVERALL MANAGEMENT OF PROGRAM | |
| X | 4. 3a(b)(6) EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF | |
| X | 5. 3a(b)(6) ANNUAL POLICY TRAINING FOR PROGRAM STAFF | |
| X | 6. 3a(b)(7)(A) CHILD BEHAVIOR MANAGEMENT | |

| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|---|---|---|
| X | <u>7. 3a(b)(7)(B)</u> DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES | | | | | | | | | | |
| X | <u>8. 3a(b)(7)(C)</u> CHILD PROTECTION | | | | | | | | | | |
| X | <u>9. 3a(b)(7)(E)</u> MANDATED REPORTING | | | | | | | | | | |
| X | <u>10. 3a(c)(1-4)</u> NOTIFICATION OF CHANGE | | | | | | | | | | |
| X | <u>11. 3a(d)(1)-(6)</u> 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> DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR | | | | | | | | | | |
| X | <u>13. 3a(f)</u> 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> 2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION | | | | | | | | | | |
| X | <u>15. 3a(m)</u> MOTOR VEHICLE LAWS – TRANSPORTATION | | | | | | | | | | |
| X | <u>16. 3a(n)</u> CAPACITY | | | | | | | | | | |
| X | <u>17. 3a(o)</u> RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS | | | | | | | | | | |
| X | <u>18. 3a(e)(1)-(6)</u> 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 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> | <input type="checkbox"/> LICENSE (e)(1) | <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2) | <input 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) |
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| <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 | | |
|------------------------------------|---|---|
| X | <u>19. 4a(a)(1)</u> STAFF HEALTH RECORDS | |
| X | <u>20. 4a(a)(3)</u> DISCIPLINARY ACTIONS | |
| X | <u>21. 4a(b)</u> COMPREHENSIVE BACKGROUND CHECKS | |
| X | <u>21a. 4a(b)(4)</u> PAST EMPLOYMENT HISTORY | |
| X | <u>22. 4a(b)(4)</u> EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY | |
| X | <u>23. 4a(d)</u> ADEQUATE STAFFING | |
| X | <u>24. 4a(d)(1)</u> DESIGNATED HEAD TEACHER – APPROVED – 60% | |
| X | <u>25. 4a(d)(2)</u> TWO STAFF PRESENT – AGE 18 OR OLDER | |
| X | <u>26. 4a(d)(3)(A-C)</u> PERSONAL QUALITIES OF STAFF | |
| X | <u>27. 4a(d)(4)(A)</u> RATIOS 1:10 – INDOORS AND OUTDOORS | <input type="checkbox"/> 1:10 INDOORS/OUTDOORS (d)(4)(A) <input type="checkbox"/> MIXED AGE GROUPS (d)(4)(b) <input type="checkbox"/> NAP TIME (d)(6) |
| X | <u>28. 4a(d)(4)(D)</u> SUPERVISION – INDOORS AND OUTDOORS | |
| X | <u>29. 4a(d)</u> GROUP SIZE – INDOORS AND OUTDOORS | <input type="checkbox"/> MAX 20 INDOORS/OUTDOORS (d)(5) <input type="checkbox"/> SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) <input type="checkbox"/> MIXED AGE GROUP (d)(5)(B) |
| X | <u>30. 4a(e)(1)</u> DESIGNATED DIRECTOR – TRAINING | |
| X | <u>31. 4a(f)(1)</u> CPR CERTIFIED PROGRAM STAFF | |

| X | 32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|---|-----------|--------|----------------|-----------|------|--|----------|----------|--|--|-----------|--|--|--|--|------|--|--|--|--|--------|--|--|--|--|
| X | 33. 4a(d)/(h) 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) | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 34. 4a(C)-(e) SWIMMING ACTIVITIES | <input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i) <input type="checkbox"/> CPR CERT STAFF-AGE 20↑ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>SWIMMING OFFERED?</u> N | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | 35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS | <input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D) <input checked="" type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H) <input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F) <input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Program not in compliance with maintaining complete consultant agreements when social service and health consultant agreements were missing 1 required service per new regulations dated 10/2024 (seeking and supporting...) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NOT IN COMPLIANCE | <table border="1"> <thead> <tr> <th>EDUCATION</th> <th>HEALTH</th> <th>SOCIAL SERVICE</th> <th>DIETICIAN</th> <th>N/A?</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">O</td> <td style="text-align: center;">O</td> <td></td> <td></td> </tr> <tr> <td>CONTRACTS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOGS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VISITS</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | EDUCATION | HEALTH | SOCIAL SERVICE | DIETICIAN | N/A? | | O | O | | | CONTRACTS | | | | | LOGS | | | | | VISITS | | | | |
| EDUCATION | HEALTH | SOCIAL SERVICE | DIETICIAN | N/A? | | | | | | | | | | | | | | | | | | | | | | | |
| | O | O | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACTS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOGS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISITS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 37. 5a(a)(1)(D) PARENT PERMISSIONS | <input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii) <input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv) | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 39. 5a(a)(2)(C) IMMUNIZATION RECORDS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| X | 57. 5a(b)(1) ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS | |
| X | 58. 5a(b)(2) DESIGNATED ISOLATION AREA | |
| X | 59. 5a(c-d) FIRST AID KITS AND SUPPLIES | <input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c) <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) <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS- WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A: |

PHYSICAL PLANT 19a-79-7a

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|----------|---|---|
| O | 62. 7a(a)(2) FIRE MARSHAL CODES – CERTIFICATE DATE: <u>08/20/2024</u> | Program not in compliance with maintaining a current fire marshal certificate when posted inspection approval was observed to be expired |
| X | 63. 7a(b) INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE | |
| X | 64. 7a(b)(1)-(5) CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION | |
| X | 65. 7a(b)(6) SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION | |
| X | 66. 7a(c)(2) LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM | |
| X | 67. 7a(c)(3) BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE | |
| X | 68. 7a(c)(4) TESTING OF PREMISES OR GROUNDS FOR CHEMICALS | |
| X | 69. 7a(c)(5)(A-C) WATER SUPPLY TYPE: <u>Public Water</u> (SCHOOLS-N/A) | <input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>02/05/2025</u> <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A: <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C) |

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

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|---|---|--|
| X | 83. 7a(d)(11) STAFF PERSONAL ARTICLES INACCESSIBLE | |
| X | 84.7a(e)(1-2) AIR TEMPERATURE AND FLUIDS | <input type="checkbox"/> AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1) <input type="checkbox"/> AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2) |
| X | 86. 7a(e)(3) WATER TEMPERATURE 60° – 120° | |
| X | 87. 7a(e)(4) PORTABLE SPACE HEATERS PROHIBITED | |
| X | 88. 7a(e)(5) WALLS, CEILINGS, FLOORS AND RUGS | <input type="checkbox"/> WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR <input type="checkbox"/> RUGS- NOT A TRIPPING/SLIPPING HAZARD |
| X | 90. 7a(e)(6) HOT WATER, STEAM PIPES PROTECTED | |
| X | 91. 7a(e)(7) TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER | <input type="checkbox"/> WORKING PHONE ON EACH LEVEL <input type="checkbox"/> EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES <input type="checkbox"/> PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER |
| X | 94. 7a(e)(8-9) LIGHTING AND FIXTURES | <input type="checkbox"/> ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) <input type="checkbox"/> LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9) <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) POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE | |
| X | 96. 7a(e)(11) GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR | |
| X | 97. 7a(e)(12) STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS | |
| X | 98. 7a(e)(13) TOXIC PLANTS/MATERIALS INACCESSIBLE | |

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| | 99. 7a(e)(14-15) N/A: Y PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN | |
| X | 100. 7a(e)(16) MEASURES TO PREVENT VERMIN | |
| X | 101. 7a(e)(17) Schls N/A: RADON TEST DATE: 03/23/2023 RESULTS: .8 | |
| X | 102. 7a(e)(18) N/A: OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL | |
| X | 103. 7a (f)(1)(A) PROGRAM SPACE- ADEQUATE- 35 SQUARE FEET PER CHILD | |
| ○ | 104. 7a(g)(1) EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS | Program not in compliance with ensuring that equipment is clean and safe for children when 1 microwave in toddler room was observed to not be clean (tope interior). 1 microwave in preschool 4 observed chip and some rust forming on top interior. |
| X | 105. 7a(g)(2) ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS) | |
| X | 106. 7a(g)(3) AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE | |
| X | 107. 7a(g)(4) DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS | |
| ○ | 108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS | Program not in compliance with following manufacture guidelines for furniture, equipment and toys when crock pot being used in infant room for warming bottles |
| X | 109. 7a(g)(6) INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND | |
| X | 110. 7a(j) NO WEAPONS, NO FACSIMILE OF A FIREARM | |

| PHYSICAL PLANT- OUTDOOR SPACE | |
|--------------------------------------|--|
| O | <p><u>111. 7a(h)(1-9)</u> OUTDOOR SPACE – HAZARDS EQUIPMENT DRINKING WATER</p> <p><input type="checkbox"/> ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1) <input type="checkbox"/> SHOCK ABSORBING SURFACES- MIN. 8" (h2) <input type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3) <input type="checkbox"/> NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4) <input checked="" type="checkbox"/> OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5) <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (h8) <input type="checkbox"/> EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9) <input type="checkbox"/> NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)</p> <p>Program not in compliance with ensuring outdoor equipment is anchored for stability when one little tikes small climber with red slide not secured/anchored</p> |
| X | <p><u>112. (h)(7)(A-C)</u> OUTDOOR SPACE - PROTECTED - FENCING</p> <p><input type="checkbox"/> PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7) <input type="checkbox"/> FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A) <input type="checkbox"/> FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B) <input type="checkbox"/> ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)</p> |
| X | <p><u>114. (i)</u> 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 <input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:</p> |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | |
| X | <p><u>115. (a)</u> WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS</p> |
| X | <p><u>116. (a)(1-11), (b)</u> EDUCATIONAL REQUIREMENTS – ACTIVITIES 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 <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 | |
| X | <p><u>117. 10(b)</u> APPROVED UNDER THREE ENDORSEMENT</p> <p style="text-align: right;">IS THERE AN APPROVED ENDORSEMENT? Yes</p> |
| X | <p><u>118. 10(c)(2)</u> RATIO OF STAFF TO CHILDREN 1:4 (6 WKS-24MTHS) 1:5 (24-36 MTHS)</p> |

| | | | | | | | | | | | | |
|--|--|--|---|---|---|--|---|--|---|---|--|--|
| X | <p><u>119. 10(c)(3)</u> GROUP SIZE - MAX 8 (6 WKS-24 MTHS) MAX 10 (24-36 MTHS)</p> | | | | | | | | | | | |
| X | <p><u>120. 10(c)(4)</u> PHYSICAL BARRIERS SEPARATING EACH GROUP (INDOORS AND OUTDOORS)</p> | | | | | | | | | | | |
| X | <p><u>121. 10(d)(1)(A-C)</u> ADEQUATE SINKS IN PROGRAM SPACE (GRP HOMES-ACCESSIBLE) HANDWASHING, DIAPERING, FOOD PREP USES</p> | | | | | | | | | | | |
| X | <p><u>122. 10(d)(2)(A i-iii)</u> CRIBS AND PACK-N- PLAYS- IN COMPLIANCE WITH CPSC</p> | | | | | | | | | | | |
| X | <p><u>123. 10(d)(2)(B)</u> WASHABLE COTS</p> | | | | | | | | | | | |
| X | <p><u>124. 10(d)(2)(C)</u> CHAIRS FOR FEEDING, STABLE BASE, SAFETY STRAPS, LOCKING TRAY</p> | | | | | | | | | | | |
| X | <p><u>125. 10(d)(2)(D)</u> DEVELOPMENTALLY APPROPRIATE TABLES, CHAIRS, EQUIPMENT</p> | | | | | | | | | | | |
| X | <p><u>126. 10(d)(2)(E)</u> REFRIGERATORS AND FOOD PREP FACILITIES</p> | | | | | | | | | | | |
| X | <p><u>127. 10(d)(3)(A-C)</u> OPTIONAL FURNITURE- EQUIPMENT- SAFE/HAZARD FREE</p> | | | | | | | | | | | |
| X | <p><u>128. 10(e)(1-10)</u> DIAPERING 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> 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;">X</p> | <p>130. 10(g)(1-8) SAFE SLEEP – POSITIONING CRIBS POLICIES</p> | <p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1) <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2) <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7) <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p> |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>131. (h)(1) TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p> | <p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1) <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p> |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>135. (i)(1)(2 A-C) HEALTH CONSULTANT VISITS- DOCUMENTATION</p> | |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>136. (j)-(k)(5) FEEDING – SCHEDULES INFANTS BOTTLES</p> | <p><input type="checkbox"/> INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j)</p> <p><input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)</p> <p><input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)</p> <p><input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)</p> <p><input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4) <input type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)</p> |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>137. (l)(1) OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)</p> | |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>138. (l)(2) OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</p> | |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>139. (l)(3) SHOCK ABSORBING MATERIALS LESS THAN 1 ¼"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH & SAFETY</p> | |
| <p>SCHOOL AGE ENDORSEMENT 19a-79-11 IS THERE AN APPROVED ENDORSEMENT? Yes</p> | | |
| <p style="text-align: center; font-size: 24pt;">X</p> | <p>140. 11(b) APPROVED SCHOOL AGE ENDORSEMENT</p> | |

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

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

IS THERE AN APPROVED ENDORSEMENT? No

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

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

ADMINISTRATION OF MEDICATIONS 19a-79-9a

| | | |
|-----------------|---|---|
| <p>X</p> | <p>157. 9a WRITTEN MEDICATION POLICIES, PROCEDURES</p> | |
| <p>X</p> | <p>158. 9a PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES</p> | |
| <p>X</p> | <p>159. 9a(a)(2)-(3) 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) <input type="checkbox"/> UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)</p> |
| <p>O</p> | <p>160. 9a(b)(1-2) MEDICATION TRAINING</p> | <p><input type="checkbox"/> MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C) <input checked="" type="checkbox"/> INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D) <input type="checkbox"/> INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F) <input type="checkbox"/> RECTAL MEDICATION (b)(1)(E) <input 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 5 children have prefilled injectables on site</p> |
| <p>X</p> | <p>161. 9a(b)(3)(A-B) AUTHORIZED PRESCRIBER- PARENT PERMISSION</p> | |
| <p>X</p> | <p>162. 9a(b)(3)(D) MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION</p> | |
| <p>X</p> | <p>163. 9a(b)(4)(A-B) MEDICATION ADMINISTRATION RECORDS (MAR)</p> | |
| <p>X</p> | <p>164. 9a(b)(5)(A-B) LABELING AND STORAGE</p> | |

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

MONITORING OF DIABETES 19a-79-13

CHILD WITH DIABETES ENROLLED?

N

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

| | | |
|----------|--|--|
| X | 178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT | |
| X | 179. 13(e)(2) 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: Y | |
|--|--|


| | | | |
|--|------------|--|---------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 7 out of 152 |
|--|------------|--|---------------------|

DISCUSSIONS/COMMENTS

1. New Regs_2. Equipment, toys and furniture must be used per manufacturer guidelines _3. Policy review checklist provided. Program must update polices to reflect new regulation _4. New complaint procedures and administrative oversight policy must be posted

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 | Fil Montanye | Jaclyn terentieff | Printed Name |
| 2 nd OEC Representative | | APPLICANTS: 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: 12/04/2025 | DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org |
|---|---|---|

| | |
|---|--|
| OEC Representative's Email: filomena.montanye@ct.gov | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |
|---|--|