



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

Program Name	KIDS OF CHATHAM ORGANIZATION				License Number	DCCC.15247		Date of Inspection	12/03/2025		
					Expiration Date	2/28/2029		Time of Inspection	08:40 AM		
Address	12 LONG CROSSING RD EAST HAMPTON CT 06424-2121				Telephone	(860) 267-6080		Licensed Capacity	151		
					Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	42		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 week years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	executivedirector@koco4kids.org					
Operator	KIDS OF CHATHAM ORGANIZATION INC				Director	JANET M SANTOS					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Bridget Merrill					
Key: Compliant = X Non-Compliant = O	# Children Present under age 3	23	# Total Children Present	62	# of Staff Present	15	Type of Inspection	UNANNOUNCED INSPECTION - FULL			

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

X	1. 19a-79-2a(c)(8) LOCAL HEALTH INSPECTION DATE: 09/03/2025	
---	---	--

**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 no Benadryl was on site for a child whose care plan requires administration in a medical emergency.
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)
<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)									

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

<b>X</b>	<b>32. 4a(f)(2)</b> FIRST AID CERTIFIED PROGRAM STAFF																					
<b>X</b>	<b>33. 4a(d)/(h)</b> 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> 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																					
<b>O</b>	<b>35. 4a(i)/(F)</b> 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 checked="" 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 wording specified in October 2024 regulations was not on agreements. Program not in compliance with maintaining documentation of consultant logs when policies/ procedure reviews for was not documented by the health consultant.																					
	NOT IN COMPLIANCE	<table border="1"> <thead> <tr> <th>EDUCATION</th> <th>HEALTH</th> <th>SOCIAL SERVICE</th> <th>DIETICIAN</th> <th>N/A? Y</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">O</td> <td style="text-align: center;">O</td> <td style="text-align: center;">O</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">O</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN	N/A? Y	O	O	O				O								
EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN	N/A? Y																		
O	O	O																				
	O																					
	CONTRACTS																					
	LOGS																					
	VISITS																					
<b>RECORD KEEPING 19a-79-5a</b>																						
<b>X</b>	<b>36. 5a(a)(1)(A-C)</b> ENROLLMENT INFORMATION																					
<b>X</b>	<b>37. 5a(a)(1)(D)</b> 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)																				
<b>O</b>	<b>38. 5a(a)(2)(A-B)</b> CHILD HEALTH RECORDS	Program not in compliance with maintaining current/complete health records for children when 1 child physical was missing date of last physical & 1 child's physical was more than 1yr old.																				
<b>X</b>	<b>39. 5a(a)(2)(C)</b> IMMUNIZATION RECORDS																					
<b>X</b>	<b>40. 5a(a)(2)(E)</b> INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF																					
<b>X</b>	<b>41. 5a(a)(3)(A)</b> INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS																					
<b>X</b>	<b>42. 5a(a)(3)(B)</b> PARENT NOTIFICATION OF ILLNESS OR INJURY																					

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

X	<p><u>57. 5a(b)(1)</u> ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS</p>	
X	<p><u>58. 5a(b)(2)</u> DESIGNATED ISOLATION AREA</p>	
O	<p><u>59. 5a(c-d)</u> FIRST AID KITS AND SUPPLIES</p>	<p><input checked="" 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:</p> <p>Program not in compliance with maintaining at least one portable, readily available first aid kit outdoors when classroom went out onto the playground without a complete first aid kit.</p>
<p><b>PHYSICAL PLANT 19a-79-7a</b></p>		
X	<p><u>62. 7a(a)(2)</u> FIRE MARSHAL CODES – CERTIFICATE DATE: <u>08/04/2025</u></p>	
X	<p><u>63. 7a(b)</u> INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE</p>	
X	<p><u>64. 7a(b)(1)-(5)</u> CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION</p>	
X	<p><u>65. 7a(b)(6)</u> SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION</p>	
O	<p><u>66. 7a(c)(2)</u> LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM</p>	<p>Program not in compliance with maintaining the building, equipment and services in a good state of repair when dusty vents were observed 109, 106, 101, staff bathroom &amp; girls hall bathrooms &amp; cubby units weren't secured in 106, 105, 104 &amp; 103.</p>
	<p><u>67. 7a(c)(3)</u> BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE</p>	
X	<p><u>68. 7a(c)(4)</u> TESTING OF PREMISES OR GROUNDS FOR CHEMICALS</p>	
X	<p><u>69. 7a(c)(5)(A-C)</u> WATER SUPPLY TYPE: <u>Public Well</u> (SCHOOLS-N/A)</p>	<p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>08/22/2025</u> <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:  <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>

<p><b>X</b></p>	<p><b>70. 7a(c)(6)(A-D)</b> LEAD PAINT-BUILDING PRE-78? <u>No</u>  <input type="checkbox"/> PEELING PAINT – SAMPLE TAKEN</p>	<p><input type="checkbox"/> PRE-78 LEAD TEST (c6)(A) TEST RESULTS: _____ <input type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____</p>
<p><b>X</b></p>	<p><b>71. 7a(d)(1)</b> EMERGENCY VEHICLE ACCESS</p>	
<p><b>X</b></p>	<p><b>72. 7a(d)(2)</b> WALKWAYS MAINTAINED</p>	
<p><b>X</b></p>	<p><b>73. 7a(d)(2)</b> WINDOWS PROTECTED TO PREVENT FALLS</p>	
<p><b>X</b></p>	<p><b>74. 7a(d)(3)</b> WINDOW SCREENS</p>	
<p><b>X</b></p>	<p><b>75. 7a(d)(4)</b> GLASS/MIRRORS PROTECTED UP TO 36"</p>	
<p></p>	<p><b>76. 7a(d)(5)</b> N/A: <u>Y</u> OVERHEAD DOORS-LOCKING DEVICES, SPRING PROTECTORS</p>	
<p><b>X</b></p>	<p><b>77. 7a(d)(6) – (f)(3)</b> EXITS, STAIRS, HALLWAYS UNOBSTRUCTED</p>	
<p><b>X</b></p>	<p><b>78. 7a(d)(7)</b> INDIVIDUAL STORAGE OF CLOTHING AND BEDDING</p>	
<p><b>X</b></p>	<p><b>79. 7a(d)(8)</b> 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><b>X</b></p>	<p><b>81. 7a(d)(9)</b> ELECTRICAL SAFETY – OUTLETS INACCESSIBLE-COVERED OR PROTECTED</p>	
<p><b>O</b></p>	<p><b>82. 7a(d)(10)(A-H)</b> 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 checked="" 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> <p>Program not in compliance with ensuring that toilet rooms are well lighted and ventilated to the outside when vent in 105 appeared to be non functional.</p>

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	

	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: 12/04/2019 RESULTS: 1.0	
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	
O	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 free from rust when rings behind toilets in 108 & microwave in 105 contained areas of rust.
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	
X	108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS	
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	
<b>O</b>	<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 checked="" type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3)      <input checked="" type="checkbox"/> NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4)  <input 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 the playground is free of hazards when support posts on multicolored slide in preschool playground were cracked. Program not in compliance with ensuring that screws that protrude are covered or protected when exposed screw ends were observed on fence posts/ gates preschool yard with slide, school age yards with slide &amp; basketball hoop.</p>
<b>X</b>	<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>
	<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: Y      <input type="checkbox"/> WADING POOLS PROHIBITED  <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> WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS</p>
<b>X</b>	<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	
	IS THERE AN APPROVED ENDORSEMENT?      Yes
<b>X</b>	<p><u>117. 10(b)</u> APPROVED UNDER THREE ENDORSEMENT</p>
<b>X</b>	<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>											
O	<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 checked="" 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> <p>Program not in compliance with maintaining a nonporous surface in good repair when pads on diaper tables in 110 &amp; 109 were in disrepair.</p>	<input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)	<input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)	<input checked="" 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 checked="" 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)											

<p style="text-align: center; font-size: 24pt;"><b>X</b></p>	<p><b>130. 10(g)(1-8)</b> 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;"><b>X</b></p>	<p><b>131. (h)(1)</b> 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;"><b>X</b></p>	<p><b>135. (i)(1)(2 A-C)</b> HEALTH CONSULTANT VISITS- DOCUMENTATION</p>	
<p style="text-align: center; font-size: 24pt;"><b>X</b></p>	<p><b>136. (j)-(k)(5)</b> 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;"><b>X</b></p>	<p><b>137. (l)(1)</b> OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)</p>	
<p style="text-align: center; font-size: 24pt;"><b>X</b></p>	<p><b>138. (l)(2)</b> OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</p>	
<p style="text-align: center; font-size: 24pt;"><b>X</b></p>	<p><b>139. (l)(3)</b> 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> <span style="float: right;">IS THERE AN APPROVED ENDORSEMENT?    Yes</span></p>		
<p style="text-align: center; font-size: 24pt;"><b>X</b></p>	<p><b>140. 11(b)</b> APPROVED SCHOOL AGE ENDORSEMENT</p>	

<b>X</b>	<b>141. 11(c)-(c)(3)</b> 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)
<b>X</b>	<b>143. 11(d)</b> RATIO – 1 : 15 – INDOORS AND OUTDOORS	
<b>X</b>	<b>144. 11(e)</b> GROUP SIZE – MAX. 30 CHILDREN – INDOORS AND OUTDOORS	
<b>X</b>	<b>145. 11(f)</b> 4 YR OLDS ENROLLED IN SCHOOL AGE-WRITTEN AUTHORIZATION – PERMISSIONS FROM DIRECTOR/PARENT	
<b>X</b>	<b>146. 11(g)</b> DESIGNATED HEAD TEACHER- APPROVED- 60%	

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

IS THERE AN APPROVED ENDORSEMENT? No

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

	<p><b>153. 12(b)(6)-(7)</b> 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><b>154. 12(b)(8)</b> AIR TEMP 65°F AT 3 FT</p>	
	<p><b>155. 12(b)(9)</b> FIRE MARSHAL APPROVAL- HOURS SPECIFIED</p>	
	<p><b>156. 12(b)(10)</b> LOCAL HEALTH APPROVAL</p>	

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

<p><b>X</b></p>	<p><b>157. 9a</b> WRITTEN MEDICATION POLICIES, PROCEDURES</p>	
<p><b>X</b></p>	<p><b>158. 9a</b> PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES</p>	
<p><b>O</b></p>	<p><b>159. 9a(a)(2)-(3)</b> 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)  <input type="checkbox"/> UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)</p> <p>Program not in compliance with maintaining written parent permission for medication when diaper creams were observed in 111, 108 &amp; 109 without written parent permission.</p>
<p><b>X</b></p>	<p><b>160. 9a(b)(1-2)</b> MEDICATION TRAINING</p>	<p><input type="checkbox"/> MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C)  <input 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><b>O</b></p>	<p><b>161. 9a(b)(3)(A-B)</b> AUTHORIZED PRESCRIBER- PARENT PERMISSION</p>	<p>Program not in compliance with maintaining complete medication orders when incomplete authorizations for medication were observed in 111, 106 &amp; 105. Program not in compliance with maintaining current written medication orders when expired authorizations for medication forms were observed in 106, 101. Program not in compliance with maintaining a written order from prescriber for medication when...</p>
<p><b>X</b></p>	<p><b>162. 9a(b)(3)(D)</b> MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION</p>	
<p><b>X</b></p>	<p><b>163. 9a(b)(4)(A-B)</b> MEDICATION ADMINISTRATION RECORDS (MAR)</p>	
<p><b>X</b></p>	<p><b>164. 9a(b)(5)(A-B)</b> LABELING AND STORAGE</p>	

<b>X</b>	<u>165. 9a(b)(5)(C)</u> EMERGENCY MEDICATION INACCESSIBLE	
<b>O</b>	<u>166. 9a(b)(5)(D)</u> UNUSED/EXPIRED MEDICATIONS- DESTROYED/RETURNED	Program not in compliance with ensuring expired medication was not destroyed or returned to the parent when Benadryl in 104, Albuterol in 106 & 101 were expired.
<b>X</b>	<u>167. 9a(b)(5)(E)</u> AUTO-INJECTOR, INHALANT EQUIPMENT	
<b>X</b>	<u>168. 9a(b)(6)</u> SELF-ADMINISTRATION DOCUMENTATION	
<b>X</b>	<u>169. 9a(b)(7)(A-B)</u> PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	<u>170. 9a(d)</u> N/A: <b>Y</b> 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> WRITTEN POLICIES AND PROCEDURES	
<b>X</b>	<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)
<b>X</b>	<u>173. 13(c)(3)</u> SELF-ADMINISTRATION- WRITTEN AUTHORIZATION AND UNDER SUPERVISION OF TRAINED STAFF	
<b>X</b>	<u>174. 13(d)(1)</u> EQUIPMENT PROVIDED BY PARENTS	
<b>X</b>	<u>175. 13(d)(2)</u> EQUIPMENT LABELED AND INACCESSIBLE	
<b>X</b>	<u>176. 13(d)(3)</u> SIGNED AGREEMENT WITH PARENT REGARDING EQUIPMENT, SUPPLIES, MATERIALS TO BE DISCARDED	
<b>X</b>	<u>177. 13(e)(1)</u> AUTHORIZE PRESCRIBER WRITTEN ORDER	

<b>X</b>	178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT	
<b>X</b>	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:	12 out of 149
---	-----	-------------------------------------	---------------

**DISCUSSIONS/COMMENTS**

#161 continued...no medication authorizations were observed for Epi-Pen/ Zyrtec in 105. Discussed new regulations and provided information on accessing sample policies/ procedures and coordinating checklist to be used to comply with October 2024 regulations. Discussed 1 care plan missing staff signatures. Signatures page was added during inspection. Discussed best practice when having staff sign individual care plans vs. mater signature page.

**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	Janet Santos	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: <b>12/17/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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>