

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

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	NASIRS Youth Grp	Date of Inspection:	1/23/26	Time of Arrival:	2:22 p
Address:	18 Compton St #LL	License Number:	80020	Expiration Date:	6/30/29
Town:	New Haven, CT	Telephone Number:	203-865-4914	Summer Care:	open
Operator:	Annie Frasier	# of Staff Present:	2	# over 3 Present:	3
Email:	afrasier46@hotmail.com	Total Capacity:	12	Total Under 3 capacity:	0
Designated Director:	Shequita Baker	Hours/Days of Operation:	6-9 + 2-6 p		

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

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 1/26/21

ADMINISTRATION 19a-79-3a

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

- 19. (a)(1)
 - 20. (a)(3)
 - 21. (b)
 - 21a. (b)(2)
 - 22. (b)(4)
 - 23. (d)
 - 24. (d)(1)-(e)(2)
 - 25. (d)(2)
 - 26. (d)(3)(A-C)
 - 27. (d)(4)(A)
 - (d)(4)(B)
 - (d)(6)
 - (d)(4)(D)
 - 28.
 - 29.
 - (d)(5)
 - (d)(5)(A)
 - (d)(5)(B)
 - (e)(1)
 - (f)(1)
 - (f)(2)
 - 30.
 - 31.
 - 32.
 - 33.
 - (a)(2)
 - (h)(1)
 - (h)(2)
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
 - 34.
 - 35.
 - (i)(1)(A)-(D)
 - (i) -
 - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)
- Staff health records**
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors
GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising
CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
Consultant agreements-signed annually-agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health
- | | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | ✓ |
| Dietitian | WANA | N/A | N/A |

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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	<i>Norris Youth Group</i>	LICENSE NUMBER	<i>80020</i>	DATE OF INSPECTION	<i>1/23/20</i>
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RECORD KEEPING 19a-79-5a		
<input checked="" type="checkbox"/>	36. (a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37. <input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/>	38. (a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/>	39. (a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/>	40. (a)(2)(E)	Immunization records
<input checked="" type="checkbox"/>	41. (a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	42. (a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	43. (a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	44. (a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	45. (a)(4)	Notify DPH, local health-reportable diseases
		Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/>	46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/>	47. (a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48. (a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49. (a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50. (a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/>	51. (a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/>	52. (a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53. (a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54. (a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/>	55. (a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56. (a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58. (b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59. <input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <i>415123</i>
<input checked="" type="checkbox"/>	63. (b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64. (b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68. (c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69. <input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <i>9/25/24*</i>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70. <input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <i>Y/N</i> Lead Test: <i>Y/N</i> Results: <i>no lead</i>
		Lead Management Plan: <i>non-toxic-12 mo</i>
	<input checked="" type="checkbox"/>	Peeling Paint - <i>Y/N</i> Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.		
<input checked="" type="checkbox"/>	71. (d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74. (d)(3)	Window screens
<input checked="" type="checkbox"/>	75. (d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78. (d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79. <input checked="" type="checkbox"/> (d)(8)	SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81. (d)(9)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82. <input checked="" type="checkbox"/> (d)(10)(A)	Electrical safety - outlets inaccessible - covered or protected
	<input checked="" type="checkbox"/> (d)(10)(B)	TOILETING
	<input checked="" type="checkbox"/> (d)(10)(C)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(E)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(F)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(G)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(H)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	83. (d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	84. (e)(1)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
	<input checked="" type="checkbox"/> (e)(2)	Staff personal articles inaccessible
	<input checked="" type="checkbox"/> (e)(3)	AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(4)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(5)	Air temp > 80 °F - ↑ fluids/ventilation
	<input checked="" type="checkbox"/> (e)(5)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (e)(7)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(7)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(7)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(7)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet- sufficient lighting to be visible <i>SIA</i>
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <i>11/16/20</i> (Scho-N/A)
	<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level <i>N/A</i>
	<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Nasir's Youth Grp	LICENSE NUMBER	80070	DATE OF INSPECTION	1/23/26
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input type="checkbox"/> (h)(3)	Playground free from hazards
		<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (b)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input type="checkbox"/> (j)	Wading pools prohibited (N/A)
		<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (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

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
		<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.



<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed	
		<input type="checkbox"/> (e)(3)		
		<input type="checkbox"/> (e)(4)		
		<input type="checkbox"/> (e)(5)		
		<input type="checkbox"/> (e)(6-9)		
		<input type="checkbox"/> (e)(7)		
		<input type="checkbox"/> (e)(8)		
		<input type="checkbox"/> (e)(10)(A-C)		
<input type="checkbox"/>	129.			LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input type="checkbox"/> (f)(1)		
		<input type="checkbox"/> (f)(2)		
		<input type="checkbox"/> (f)(3)		
		<input type="checkbox"/> (f)(4)		
<input type="checkbox"/>	130.			
		<input type="checkbox"/> (g)(1)		
		<input type="checkbox"/> (g)(1)		
		<input type="checkbox"/> (g)(1)		
		<input type="checkbox"/> (g)(2)		
		<input type="checkbox"/> (g)(3)		
		<input type="checkbox"/> (g)(4)		
		<input type="checkbox"/> (g)(5)		
		<input type="checkbox"/> (g)(6)		
		<input type="checkbox"/> (g)(7)		
		<input type="checkbox"/> (g)(8)		
<input type="checkbox"/>	131.			
		<input type="checkbox"/> (h)(1)		
		<input type="checkbox"/> (h)(1)		
		<input type="checkbox"/> (h)(2)		
		<input type="checkbox"/> (h)(2)		
<input type="checkbox"/>	135.			
<input type="checkbox"/>	136.			
		<input type="checkbox"/> (i)(1)(2A-C)		
		<input type="checkbox"/> (j)		
		<input type="checkbox"/> (k)(1)		
		<input type="checkbox"/> (k)(2)		
		<input type="checkbox"/> (k)(3)		
		<input type="checkbox"/> (k)(4)		
		<input type="checkbox"/> (k)(5)		
<input type="checkbox"/>	137.			
		(l)(1)		
<input type="checkbox"/>	138.			
		(l)(2)		
<input type="checkbox"/>	139.			
		(l)(3)		

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	<input checked="" type="checkbox"/> (c)	
		<input checked="" type="checkbox"/> (e)(1)	
		<input checked="" type="checkbox"/> (c)(2)	
		<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

[Handwritten Signature]

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Nash Youth Group	LICENSE NUMBER	80080	DATE OF INSPECTION	1/23/26
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		MONITORING OF DIABETES 19a-79-13 Y/N			
<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures		
<input checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N		<input checked="" type="checkbox"/> 173. (c)(3)	Staff training – first aid		
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174. (d)(1)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions		
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 175. (d)(2)	Training updated at least every 3 years		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176. (d)(3)	Written documentation of training		
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177. (e)(1)	Trained staff on site when child is present		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178. (e)(2)	Self-administration - written authorization and under supervision of trained staff		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 179. (e)(3)	Equipment provided by parents		
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS		Equipment labeled and inaccessible		
<input type="checkbox"/> 154. (b)(8)	Individual cot/crib with bedding		Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> 155. (b)(9)	Sleeping apparel/toiletries labeled		Authorized prescriber written order		
<input type="checkbox"/> 156. (b)(10)	Required bedding		Written authorization from parent		
	Required toiletries		Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
	Bedding/sleeping apparel laundered weekly				
	Sleep arrangements for infants				
	Air temp 65 °F at 3 ft				
	Fire marshal approval-hours specified				
	Local health approval				
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N		ADDITIONAL VIOLATION			
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	DISCUSSIONS/COMMENTS			
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	Update policies / consult contract agreements w/ new wording from policy check list. (#35)			
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Admin/Parent permission/report errors	Update / post ed plan policy (#141)			
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Labeling and Storage	Post menus with updated from nutritionist visit when complete			
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Unused/expired meds destroyed/returned	include CPR 1st Aid wording in med emergency auth.			
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	MEDICATION TRAINING	Remove broken equipment from outdoor areas when used by program			
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication training-general-oral/top/inhalant	Lead thro from 2 loc others.			
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Injectable premeasured autoinjector medication	NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Rectal medication				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> 168. (b)(6)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Training outline on file				
<input checked="" type="checkbox"/> 170. (d)	Authorized prescriber/parent permission				
	Medication errors- documentation, parent(s) and OEC notification				
	Medication Administration Records (MAR)				
	Labeling and Storage				
	Emergency medication inaccessible				
	Unused/Expired meds-destroyed/returned				
	Auto-injector/inhalant equipment				
	Self-administration documentation				
	Petition for special medication authorization				
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				
Signature of OEC staff		Signature of person in charge			
Printed Name	Charlynn Lando	Printed Name	MIA FRANKLIN		
OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oc.licensing@ct.gov		Inspection shall be posted or available for review upon request.			
		Written Corrective Action Plan Due by:	2/16/26		
		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/			

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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Navis Youth License # 80070 Date: 1/23/26

Observations/Corrections needed: The following ^{Group} items are not compliant:

- #1 - Local Health Inspection Expired. (1/26/26)
- #11 - Medical/multihazard annual drill doc-
umentation not observed - annual (Fire Drill)
(UTP)
- #31 - CPR/1st Aid documentation not observed
- #32 - for 5/5 staff nurse consultant contract 1/3/26
- #40 - Core plans for 2 students w/3 med's need
to be signed by all staff in program.
- #62 - Fire Marshall certificate Expired (4/15/23)
- #70 - Lead management Plan for address
UL license - resume documentation of
monitoring in accordance with plan 6-2-20.
- #161 - Authorized prescriber med auth form
expired for 5/25. for medication on site

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 2/6/26