



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	Blueberry Hill Preschool	Date of Inspection:	3/13/2026	Time of Arrival:	8:30AM
Address:	18 Blueberry Hill Rd.	License Number:	80038	Expiration Date:	2/28/2029
Town:	Norwich, CT. 06360-1410	Telephone Number:	800-222-7844	Summer Care:	Open
Operator:	Blueberry Hill Preschool LLC	# of Staff Present:	2	# over 3 Present:	2
Email:	blueberryhillpreschoolllc@gmail.com	Total Capacity:	10	Total Under 3 capacity:	0
Designated Director:	Jennifer Lundberg	Hours/Days of Operation:	Mon-Fri 7AM-5PM		

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

1. (c)(8) Local Health Inspection-Date: 12/20/2024

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-COMplete/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

STAFFING and CONSULTANTS 19a-79-4a

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

	Contracts	Logs	Visits
Education	✓		
Health	✓		
Soc. Serv.	✓		
Dietitian	N/A	N/A	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME Blueberry Hill Preschool LICENSE NUMBER 80038 DATE OF INSPECTION 3/18/2026

RECORD KEEPING 19a-79-5

36. (a)(1)(A-C) Children's Enrollment information
 37. **PARENT PERMISSIONS**
 (a)(1)(D)(i) Emergency medical permission
 (a)(1)(D)(ii) Authorized release permission
 (a)(1)(D)(iii) Field trip permission
 (a)(1)(D)(iv) Transportation permission
 38. (a)(2)(A-B) Child Health Records
 39. (a)(2)(C) Immunization records
 40. (a)(2)(E) Individual care plan-signed by parents/staff
 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
 42. (a)(3)(B) Parent notification of illness or injury
 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
 44. (a)(3)(D) Notify DPH, local health-reportable diseases
 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
 47. (a)(2) Nutritious meals and snacks
 48. (a)(3) Proper refrigeration-41 degrees
 49. (a)(4) Menus-1 wk in advance- keep 3 mths
 50. (a)(5) Food Service Inspection N/A
 51. (a)(6) Kitchen-clean, safe storage of food/supplies
 52. (a)(7) Separate hand washing facilities
 53. (a)(8) Multi-use eating/drinking utensils
 54. (a)(9) Kitchen separated (Schl age only N/A)
 55. (a)(10) Children supervised during meal prep
 56. (a)(11) Handwashing-staff/children
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 58. (b)(2) Designated isolation area
 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 60. (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
 61. (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 128 2020
 63. (b) Indoor/Outdoor space inspected/approved
 64. (b)(1)-(5) Construction/expansion/renovation/conversion
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. **WATER SUPPLY** - Public/Well (Schools-N/A)
 (c)(5)(A) Lead Water Test - Date: 1/17/2025
 (c)(5)(B) Bact./Chem Test-Date: N/A
 (c)(5)(C) Drinking water available/accessible
 70. **LEAD PAINT**
 (c)(6)(A) Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test: Y/N Results No lead identified
 (c)(6)(B-D) Lead Management Plan N/A
 71. (d)(1) Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

72. (d)(2) Walkways maintained
 73. (d)(3) Windows protected to prevent falls
 74. (d)(3) Window screens (Schl age only- N/A)
 75. (d)(4) Glass and mirrors protected to 36"
 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
 78. (d)(7) Individual storage of clothing/bedding
 79. (d)(8) Smoking or vaping prohibited on premises/grounds
 80. (d)(8) Matches/lighters inaccessible
 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
TOILETING
 (d)(10)(A) Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 (d)(10)(C) Required toilets/sinks-1:16
 (d)(10)(D) Required toilets/sinks-1:25 schl age only
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
 (d)(11) Staff personal articles inaccessible
AIR TEMPERATURE
 (e)(1) Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
 (e)(1) Air temp <65°F comfortable (Schl age only-N/A)
 (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 (e)(3) Water temperature 60 °F - 120 °F
 (e)(4) Portable space heaters prohibited
 (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 (e)(5) Rugs- not tripping/slipping hazard
 (e)(6) Hot water/Steam pipes protected
 (e)(7) Working phone on each level
 (e)(7) Emergency numbers posted-adjacent to phones
 (e)(7) Parents provided direct on site phone number
LIGHTING
 (e)(8) All areas min. 1 foot candle of lighting
 (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 (e)(9) Schl age only-lighting for comfort
 (e)(9) Light fixtures shielded/shatter proof
 (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
 (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 (e)(12) Stairs-protected/good repair-handrails
 (e)(13) Toxic plants/materials inaccessible
 (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 (e)(16) Prevention of vermin-openings screened
 (e)(17) Radon test- Results: 11/6/2025 0.9 N/A
 (e)(17) Results posted-Date: 11/6/2025 (Schls-N/A)
 (e)(18) Carbon monoxide detector-each level N/A
 (f)(1)(A) Program space-adequate-35 sq. ft. per child
 (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
 (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
 (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
 (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Blueberry Hill Preschool	LICENSE NUMBER	80038	DATE OF INSPECTION	3/18/2020
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 128.	(e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	N/A	<input type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE	<input type="checkbox"/> (e)(5)	<input type="checkbox"/> (e)(6-9)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child	<input type="checkbox"/> (e)(7)	<input type="checkbox"/> (e)(8)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"	<input type="checkbox"/> (e)(10)(A-C)	<input type="checkbox"/> (e)(10)(A-C)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected	N/A	<input type="checkbox"/> (f)(2)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (f)(3)	<input type="checkbox"/> (f)(4)
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	N/A	<input type="checkbox"/> (g)(1)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(1)	<input type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED	<input type="checkbox"/> (g)(2)	<input type="checkbox"/> (g)(3)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/> (g)(3)	<input type="checkbox"/> (g)(4)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	N/A	<input type="checkbox"/> (g)(5)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (g)(6)	<input type="checkbox"/> (g)(7)
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input type="checkbox"/> (g)(7)	<input type="checkbox"/> (g)(8)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> 114.		WATER HAZARDS	<input type="checkbox"/> (h)(1)	<input type="checkbox"/> (h)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/> (h)(2)	<input type="checkbox"/> (h)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input type="checkbox"/> (i)(1)(2A-C)	<input type="checkbox"/> (j)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<input type="checkbox"/> (k)(1)	<input type="checkbox"/> (k)(2)	No unapproved sleeping-car seats/swings/beds, etc.
			<input type="checkbox"/> (k)(3)	<input type="checkbox"/> (k)(4)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
			<input type="checkbox"/> (k)(5)	<input type="checkbox"/> (l)(1)	Observe/assess infants at least every 15 minutes
			<input type="checkbox"/> (l)(1)	<input type="checkbox"/> (l)(2)	Teething necklaces/bracelets, jewelry inaccessible
			<input type="checkbox"/> (l)(2)	<input type="checkbox"/> (l)(3)	Safe sleep policies - parents informed
			<input type="checkbox"/> (l)(3)		TOYS AND OTHER OBJECTS

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"/> 131.	(h)(1)	
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS	N/A	<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
	<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 type="checkbox"/> (h)(2)	<input type="checkbox"/> (h)(2)
	<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	<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	No toys/objects less than 1 1/4" diameter
			<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
			<input type="checkbox"/> 137.	<input type="checkbox"/> (k)(1)	Health consultant visits/documentation
			<input type="checkbox"/> 138.	<input type="checkbox"/> (k)(2)	FEEDING
			<input type="checkbox"/> 139.	<input type="checkbox"/> (k)(3)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input type="checkbox"/> (k)(4)	Written feeding schedule from parent-updated
				<input type="checkbox"/> (k)(5)	Unused formula/milk discarded after feedings
				<input type="checkbox"/> (l)(1)	Clean bottles/disposable bottles/appvd washing
				<input type="checkbox"/> (l)(2)	Baby food served from dish or whole jar
				<input type="checkbox"/> (l)(3)	Bottles labeled with child's name
					Outdoor spaced fenced-4 ft (lic. after 1/1/25)

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)			

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

<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"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input type="checkbox"/> 141.	(c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input type="checkbox"/> (c)	<input type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input type="checkbox"/> (e)(1)	<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> (e)(2)	<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input type="checkbox"/> (e)(3)	<input type="checkbox"/> (d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input type="checkbox"/> 143.	(e)	Ratio- 1:15
<input type="checkbox"/> 128.		DIAPERING	<input type="checkbox"/> 144.		Group size- max. 30
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME: Blueberry Hill Preschool LICENSE NUMBER: 80038 DATE OF INSPECTION: 3/13/2026

SCHOOL AGE ENDORSEMENT 19a-79-11 MONITORING OF DIABETES 19a-79-13 Y/N

<input type="checkbox"/> 140. (b)	Approved Schl Age Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 141. (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<u>STAFF TRAINING</u> Staff training – first aid
<input type="checkbox"/> 143. (d)	Activities not a duplication of child's day	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 144. (e)	Activities include cognitive, physical, social, emotional needs of the children	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 145. (f)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 146. (g)	Ratio- 1:15	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
	Group size- max. 30	<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
		<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 159. (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u> Admin/Parent permission/report errors	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 160. (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	<u>MEDICATION TRAINING</u> Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> 160. (b)(1)(D)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> 160. (b)(1)(E)	Rectal medication		
<input checked="" type="checkbox"/> 160. (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 160. (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 160. (b)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage		

ADDITIONAL VIOLATION			
<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <u>(N/A)</u>	

DISCUSSIONS/COMMENTS
 Program began childcare services on 3/13/2026
 Discussed that consultants will need to conduct/document an annual review and education/health consultants will need to conduct on-site visit(s). No child enrolled has medication - non prescription or prescription. Program to secure a copy of medications training outline before administering medication. Director has completed the 3 credit course in Administration and Supervision course (specialist viewed online report with grade)

Signature of OEC staff: Bridget L. Meritt Signature of person in charge: Jennifer Lundberg
 Printed Name: BRIDGET L. MERITT Printed Name: Jennifer Lundberg

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: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: _____ CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>