



**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  | BRIGHT BEGINNINGS EARLY CHILDHOOD PROGRAM - STAMFORD |      |                          |    | License Number     | DCCC.70026           |                    | Date of Inspection            | 03/23/2026    |    |
|   |  |      |                          |    | Expiration Date    | 9/30/2027            |                    | Time of Inspection            | 09:10 AM      |    |
| Address   | 430 HIGH RIDGE RD<br>STAMFORD CT 06905-3020          |      |                          |    | Telephone          | (203) 595-5500       |                    | Licensed Capacity             | 77            |    |
|   |  |      |                          |    | Hours of Operation | 7:00 AM – 6:30 PM    |                    | Under Three Capacity          | 58            |    |
| Is this a Change of Address?  |  | Yes? |                          |    | No?                | X                    |                    | Days of Operation             | Mon-Fri       |    |
| New Address   |  |      |                          |    | Night Hours        | No                   | Summer Hours       | Open                          | Weekend Hours | No |
|   |  |      |                          |    | Program's Email    | Bbstamford@bbecp.com |                    |                               |               |    |
| Operator  | BRIGHT BEGINNINGS EARLY CHILDHOOD PROGRAM, INC       |      |                          |    | Director           | JENIFER L BELTRAN    |                    |                               |               |    |
| Endorsements  | Pre-School, School Age, Under Three                  |      |                          |    | Name of Inspector  | Lori Mangano         |                    |                               |               |    |
| Key:<br>Compliant = X<br>Non-Compliant = <span style="color:red">O</span> | # Children Present under age 3                       | 34   | # Total Children Present | 45 | # of Staff Present | 18                   | Type of Inspection | UNANNOUNCED INSPECTION - FULL |               |    |

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

|          |  |  |
|----------|--|--|
| <b>X</b> | <u>1. 19a-79-2a(c)(8)</u><br>LOCAL HEALTH INSPECTION<br>DATE: 10/28/2025 |  |
|----------|--|--|

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

|          |  |  |
|----------|--|--|
| <b>X</b> | <u>2. 3a(a)</u><br>ENSURING HEALTH & SAFETY OF CHILDREN          |  |
| <b>X</b> | <u>3. 3a(b)</u><br>OVERALL MANAGEMENT OF PROGRAM                 |  |
| <b>X</b> | <u>4. 3a(b)(6)</u><br>EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF |  |
| <b>X</b> | <u>5. 3a(b)(6)</u><br>ANNUAL POLICY TRAINING FOR PROGRAM STAFF   |  |
| <b>X</b> | <u>6. 3a(b)(7)(A)</u><br>CHILD BEHAVIOR MANAGEMENT               |  |

|  |  |   |  |   |  |  |  |   |   |   |   |
|--|--|---|--|---|--|--|--|---|---|---|---|
| X  | <u>7. 3a(b)(7)(B)</u><br>DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES |   |  |   |  |  |  |   |   |   |   |
| X  | <u>8. 3a(b)(7)(C)</u><br>CHILD PROTECTION  |   |  |   |  |  |  |   |   |   |   |
| X  | <u>9. 3a(b)(7)(E)</u><br>MANDATED REPORTING  |   |  |   |  |  |  |   |   |   |   |
| X  | <u>10. 3a(c)(1-4)</u><br>NOTIFICATION OF CHANGE  |   |  |   |  |  |  |   |   |   |   |
| X  | <u>11. 3a(d)(1)-(6)</u><br>POLICIES- COMPLETED, IMPLEMENTED                                | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> DISCIPLINE (d)(2)(A)</td> <td><input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)</td> <td><input type="checkbox"/> CLOSING TIME (d)(3)</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A)</td> <td><input type="checkbox"/> MULTI-HAZARDS (d)(4)(B)</td> <td><input type="checkbox"/> SUPERVISION (d)(5)</td> </tr> <tr> <td><input type="checkbox"/> GENERAL OPERATING (d)(6)</td> <td><input type="checkbox"/> PERSONNEL (d)(7)</td> <td><input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)</td> </tr> </table>                 | <input type="checkbox"/> DISCIPLINE (d)(2)(A)  | <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)   | <input type="checkbox"/> CLOSING TIME (d)(3)                       | <input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) | <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B) | <input type="checkbox"/> SUPERVISION (d)(5)           | <input type="checkbox"/> GENERAL OPERATING (d)(6) | <input type="checkbox"/> PERSONNEL (d)(7)           | <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C) |
| <input type="checkbox"/> DISCIPLINE (d)(2)(A)        | <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C)                                      | <input type="checkbox"/> CLOSING TIME (d)(3)  |  |   |  |  |  |   |   |   |   |
| <input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) | <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B)   | <input type="checkbox"/> SUPERVISION (d)(5)   |  |   |  |  |  |   |   |   |   |
| <input type="checkbox"/> GENERAL OPERATING (d)(6)    | <input type="checkbox"/> PERSONNEL (d)(7)  | <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)   |  |   |  |  |  |   |   |   |   |
| X  | <u>12. 3a(d)(1)</u><br>DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR                   |   |  |   |  |  |  |   |   |   |   |
| X  | <u>13. 3a(f)</u><br>IMMEDIATE ACCESS BY PARENTS  | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ACCESS BY PARENTS (f)</td> <td><input type="checkbox"/> ACCESS BY OEC (h)</td> </tr> </table>   | <input type="checkbox"/> ACCESS BY PARENTS (f) | <input type="checkbox"/> ACCESS BY OEC (h)              |  |  |  |   |   |   |   |
| <input type="checkbox"/> ACCESS BY PARENTS (f)       | <input type="checkbox"/> ACCESS BY OEC (h)   |   |  |   |  |  |  |   |   |   |   |
| X  | <u>14. 3a(l)</u><br>2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION                            |   |  |   |  |  |  |   |   |   |   |
| X  | <u>15. 3a(m)</u><br>MOTOR VEHICLE LAWS – TRANSPORTATION                                    |   |  |   |  |  |  |   |   |   |   |
| X  | <u>16. 3a(n)</u><br>CAPACITY   |   |  |   |  |  |  |   |   |   |   |
| X  | <u>17. 3a(o)</u><br>RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS                |   |  |   |  |  |  |   |   |   |   |
| X  | <u>18. 3a(e)(1)-(6)</u><br>POSTINGS  | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> LICENSE (e)(1)</td> <td><input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2)</td> <td><input 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><br>STAFF HEALTH RECORDS   |   |
| <b>X</b>                           | <u>20. 4a(a)(3)</u><br>DISCIPLINARY ACTIONS   |   |
| <b>X</b>                           | <u>21. 4a(b)</u><br>COMPREHENSIVE<br>BACKGROUND CHECKS                                |   |
| <b>X</b>                           | <u>21a. 4a(b)(4)</u><br>PAST EMPLOYMENT<br>HISTORY                                    |   |
| <b>X</b>                           | <u>22. 4a(b)(4)</u><br>EVIDENCE OF<br>COMPLIANCE WITH<br>BACKGROUND<br>CHECKS/HISTORY |   |
| <b>X</b>                           | <u>23. 4a(d)</u><br>ADEQUATE STAFFING   |   |
| <b>X</b>                           | <u>24. 4a(d)(1)</u><br>DESIGNATED HEAD<br>TEACHER – APPROVED –<br>60%                 |   |
| <b>X</b>                           | <u>25. 4a(d)(2)</u><br>TWO STAFF PRESENT –<br>AGE 18 OR OLDER                         |   |
| <b>X</b>                           | <u>26. 4a(d)(3)(A-C)</u><br>PERSONAL QUALITIES<br>OF STAFF                            |   |
| <b>X</b>                           | <u>27. 4a(d)(4)(A)</u><br>RATIOS 1:10 – INDOORS<br>AND OUTDOORS                       | <input type="checkbox"/> 1:10 INDOORS/OUTDOORS (d)(4)(A) <input type="checkbox"/> MIXED AGE GROUPS (d)(4)(b) <input type="checkbox"/> NAP TIME (d)(6)                         |
| <b>X</b>                           | <u>28. 4a(d)(4)(D)</u><br>SUPERVISION –<br>INDOORS AND<br>OUTDOORS                    |   |
| <b>X</b>                           | <u>29. 4a(d)</u><br>GROUP SIZE – INDOORS<br>AND OUTDOORS                              | <input type="checkbox"/> MAX 20 INDOORS/OUTDOORS (d)(5) <input type="checkbox"/> SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) <input type="checkbox"/> MIXED AGE GROUP (d)(5)(B) |
| <b>X</b>                           | <u>30. 4a(e)(1)</u><br>DESIGNATED DIRECTOR<br>– TRAINING                              |   |
| <b>X</b>                           | <u>31. 4a(f)(1)</u><br>CPR CERTIFIED<br>PROGRAM STAFF                                 |   |

|                                 |  |   |
|---------------------------------|--|---|
| <b>X</b>                        | <b>32. 4a(f)(2)</b><br>FIRST AID CERTIFIED PROGRAM STAFF               |   |
| <b>X</b>                        | <b>33. 4a(d)/(h)</b><br>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><br>SWIMMING ACTIVITIES                            | <input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i)<br><input type="checkbox"/> CPR CERT STAFF-AGE 20↑ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)   |
|                                 | <u>SWIMMING OFFERED?</u> N   |   |
| <b>X</b>                        | <b>35. 4a(i)/(F)</b><br>CONSULTANTS – AGREEMENTS, LOGS, VISITS         | <input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D)<br><input type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H)<br><input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F)<br><input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i) |
|                                 | NOT IN COMPLIANCE  | EDUCATION    HEALTH    SOCIAL SERVICE    DIETICIAN    N/A?  |
|                                 | CONTRACTS  |   |
|                                 | LOGS   |   |
|                                 | VISITS   |   |
| <b>RECORD KEEPING 19a-79-5a</b> |  |   |
| <b>X</b>                        | <b>36. 5a(a)(1)(A-C)</b><br>ENROLLMENT INFORMATION                     |   |
| <b>X</b>                        | <b>37. 5a(a)(1)(D)</b><br>PARENT PERMISSIONS                           | <input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii)<br><input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv)   |
| <b>X</b>                        | <b>38. 5a(a)(2)(A-B)</b><br>CHILD HEALTH RECORDS                       |   |
| <b>X</b>                        | <b>39. 5a(a)(2)(C)</b><br>IMMUNIZATION RECORDS                         |   |
| <b>X</b>                        | <b>40. 5a(a)(2)(E)</b><br>INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF |   |
| <b>X</b>                        | <b>41. 5a(a)(3)(A)</b><br>INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS  |   |
| <b>X</b>                        | <b>42. 5a(a)(3)(B)</b><br>PARENT NOTIFICATION OF ILLNESS OR INJURY     |   |

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

|  |   |   |
|--|---|---|
| X                                      | <p><u>57. 5a(b)(1)</u><br/>ILLNESS PROCEDURES-<br/>STAFF<br/>KNOWLEDGEABLE,<br/>CHILDREN OBSERVED<br/>FOR SIGNS/SYMPTOMS</p>        |   |
| X                                      | <p><u>58. 5a(b)(2)</u><br/>DESIGNATED ISOLATION<br/>AREA</p>  |   |
| X                                      | <p><u>59. 5a(c-d)</u><br/>FIRST AID KITS AND<br/>SUPPLIES</p>   | <p><input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c)<br/> <input type="checkbox"/> FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c)<br/> <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS-<br/>                 WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:</p> |
| <p><b>PHYSICAL PLANT 19a-79-7a</b></p> |   |   |
| X                                      | <p><u>62. 7a(a)(2)</u><br/>FIRE MARSHAL CODES –<br/>CERTIFICATE<br/>DATE: <u>02/11/2026</u></p>                                     |   |
| X                                      | <p><u>63. 7a(b)</u><br/>INDOOR/OUTDOOR<br/>SPACE INSPECTED AND<br/>APPROVED PRIOR TO<br/>USE</p>                                    |   |
| X                                      | <p><u>64. 7a(b)(1)-(5)</u><br/>CONSTRUCTION-<br/>EXPANSION-<br/>RENOVATION-<br/>CONVERSION</p>                                      |   |
| X                                      | <p><u>65. 7a(b)(6)</u><br/>SPACE NOT INSPECTION<br/>OR APPROVED BUT<br/>USED FOR FIELD TRIPS-<br/>WRITTEN PARENT<br/>PERMISSION</p> |   |
| X                                      | <p><u>66. 7a(c)(2)</u><br/>LICENSED PREMISES-<br/>CLEAN, GOOD REPAIR,<br/>HAZARD FREE,<br/>MAINTENANCE<br/>PROGRAM</p>              |   |
| X                                      | <p><u>67. 7a(c)(3)</u><br/>BUILDING, EQUIPMENT,<br/>FURNISHINGS -<br/>SANITARY AND HAZARD<br/>FREE</p>                              |   |
| X                                      | <p><u>68. 7a(c)(4)</u><br/>TESTING OF PREMISES<br/>OR GROUNDS FOR<br/>CHEMICALS</p>   |   |
| X                                      | <p><u>69. 7a(c)(5)(A-C)</u><br/>WATER SUPPLY<br/>TYPE: <u>Public Water</u><br/>(SCHOOLS-N/A)</p>                                    | <p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>11/13/2025</u>      <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:<br/> <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>   |

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

|   |   |  |
|---|---|--|
| X | 83. 7a(d)(11)<br>STAFF PERSONAL<br>ARTICLES INACCESSIBLE  |  |
| X | 84.7a(e)(1-2)<br>AIR TEMPERATURE<br>AND FLUIDS  | <input type="checkbox"/> AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1)<br><input type="checkbox"/> AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2)  |
| X | 86. 7a(e)(3)<br>WATER TEMPERATURE<br>60° – 120°   |  |
| X | 87. 7a(e)(4)<br>PORTABLE SPACE<br>HEATERS PROHIBITED  |  |
| X | 88. 7a(e)(5)<br>WALLS, CEILINGS,<br>FLOORS AND RUGS   | <input type="checkbox"/> WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR <input type="checkbox"/> RUGS- NOT A TRIPPING/SLIPPING HAZARD   |
| X | 90. 7a(e)(6)<br>HOT WATER, STEAM<br>PIPES PROTECTED   |  |
| X | 91. 7a(e)(7)<br>TELEPHONES –<br>TELEPHONE NUMBERS –<br>PARENTS PROVIDED<br>DIRECT ON-SITE PHONE<br>NUMBER | <input type="checkbox"/> WORKING PHONE ON EACH LEVEL <input type="checkbox"/> EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES<br><input type="checkbox"/> PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER   |
| X | 94. 7a(e)(8-9)<br>LIGHTING<br>AND FIXTURES  | <input type="checkbox"/> ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) <input type="checkbox"/> LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9)<br><input type="checkbox"/> ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) <input type="checkbox"/> ENOUGH LIGHTING FOR COMFORT (e9) |
| X | 95. 7a(e)(10)<br>POTENTIALLY<br>HAZARDOUS<br>SUBSTANCE, MATERIALS<br>LABELED, INACCESSIBLE                |  |
| X | 96. 7a(e)(11)<br>GARBAGE/RUBBISH<br>DISPOSED DAILY-<br>CONTAINERS IN GOOD<br>REPAIR                       |  |
| X | 97. 7a(e)(12)<br>STAIRS- PROTECTED,<br>GOOD REPAIR,<br>HANDRAILS  |  |
| X | 98. 7a(e)(13)<br>TOXIC<br>PLANTS/MATERIALS<br>INACCESSIBLE  |  |

|   |   |  |
|---|---|--|
| X | <p><u>99. 7a(e)(14-15)</u> N/A:<br/>PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN</p> |  |
| X | <p><u>100. 7a(e)(16)</u><br/>MEASURES TO PREVENT VERMIN</p>   |  |
| X | <p><u>101. 7a(e)(17)</u> Schls N/A:<br/>RADON TEST DATE:<br/><u>12/22/2011</u><br/>RESULTS:<br/><u>3.9</u></p>                |  |
| X | <p><u>102. 7a(e)(18)</u> N/A:<br/>OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL</p>   |  |
| X | <p><u>103. 7a (f)(1)(A)</u><br/>PROGRAM SPACE-ADEQUATE- 35 SQUARE FEET PER CHILD</p>  |  |
| X | <p><u>104. 7a(g)(1)</u><br/>EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS</p>    |  |
| X | <p><u>105. 7a(g)(2)</u><br/>ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)</p>             |  |
| X | <p><u>106. 7a(g)(3)</u><br/>AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE</p>                                      |  |
| X | <p><u>107. 7a(g)(4)</u><br/>DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS</p>   |  |
| X | <p><u>108. 7a(g)(5)</u><br/>MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS</p>               |  |
| X | <p><u>109. 7a(g)(6)</u><br/>INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND</p>                               |  |
| X | <p><u>110. 7a(j)</u><br/>NO WEAPONS, NO FACSIMILE OF A FIREARM</p>  |  |

| PHYSICAL PLANT- OUTDOOR SPACE        |  |
|--------------------------------------|--|
| <b>X</b>                             | <p><u>111. 7a(h)(1-9)</u><br/>OUTDOOR SPACE – HAZARDS<br/>EQUIPMENT<br/>DRINKING WATER</p> <p><input type="checkbox"/> ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1)      <input type="checkbox"/> SHOCK ABSORBING SURFACES- MIN. 8" (h2)<br/> <input type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3)      <input type="checkbox"/> NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4)<br/> <input type="checkbox"/> OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5)      <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (h8)<br/> <input type="checkbox"/> EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9)<br/> <input type="checkbox"/> NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)</p> |
| <b>X</b>                             | <p><u>112. (h)(7)(A-C)</u><br/>OUTDOOR SPACE - PROTECTED - FENCING</p> <p><input type="checkbox"/> PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7)<br/> <input type="checkbox"/> FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A)<br/> <input type="checkbox"/> FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B)<br/> <input type="checkbox"/> ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)</p>   |
| <b>X</b>                             | <p><u>114. (i)</u><br/>WATER HAZARDS</p> <p><input type="checkbox"/> POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A:      <input type="checkbox"/> WADING POOLS PROHIBITED<br/> <input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:</p>  |
| EDUCATIONAL REQUIREMENTS 19a-79-8a   |  |
| <b>X</b>                             | <p><u>115. (a)</u><br/>WRITTEN DAILY/WEEKLY<br/>EDUCATIONAL PLAN-<br/>DEVELOPMENTALLY<br/>APPROPRIATE -AVAILABLE<br/>TO STAFF/PARENTS</p>  |
| <b>X</b>                             | <p><u>116. (a)(1-11), (b)</u><br/>EDUCATIONAL<br/>REQUIREMENTS –<br/>ACTIVITIES<br/>SCREEN TIME</p> <p><input type="checkbox"/> (a)(1-11) INDOOR/OUTDOOR, FLEXIBLE SCHEDULE, CULTURAL CONTENT, BALANCED EXPERIENCES, EXPLORATION AND DISCOVERY, VARIETY OF MATERIALS, REST/SLEEP/QUIET TIME, MEALS/SNACKS, TOILETING, INDIVIDUAL/SMALL GROUP ACTIVITIES, MODERATE/VIGOROUS PHYSICAL ACTIVITY THAT TAKES PLACE OUTDOORS<br/> <input type="checkbox"/> (b) LIMITED ACCESS TO SCREEN TIME, CELL PHONES/COMPUTERS/VIDEO GAMES- NO ACCESS UNDER AGE 2 – OVER AGE 2 ONLY FOR EDUCATIONAL/PHYSICAL ACTIVITY PURPOSES</p>  |
| INFANT/TODDLER ENDORSEMENT 19a-79-10 |  |
| <b>X</b>                             | <p><u>117. 10(b)</u><br/>APPROVED UNDER<br/>THREE ENDORSEMENT</p> <p style="text-align: right;">IS THERE AN APPROVED ENDORSEMENT?      Yes</p>   |
| <b>X</b>                             | <p><u>118. 10(c)(2)</u><br/>RATIO OF STAFF TO<br/>CHILDREN<br/>1:4 (6 WKS-24MTHS)<br/>1:5 (24-36 MTHS)</p>   |

|  |  |  |   |   |   |  |   |  |   |   |  |  |
|--|--|--|---|---|---|--|---|--|---|---|--|--|
| X  | <p><u>119. 10(c)(3)</u><br/>GROUP SIZE -<br/>MAX 8 (6 WKS-24 MTHS)<br/>MAX 10 (24-36 MTHS)</p>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>120. 10(c)(4)</u><br/>PHYSICAL BARRIERS<br/>SEPARATING EACH<br/>GROUP<br/>(INDOORS AND OUTDOORS)</p>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>121. 10(d)(1)(A-C)</u><br/>ADEQUATE SINKS IN<br/>PROGRAM SPACE<br/>(GRP HOMES-ACCESSIBLE)<br/>HANDWASHING,<br/>DIAPERING, FOOD PREP<br/>USES</p> |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>122. 10(d)(2)(A i-iii)</u><br/>CRIBS AND PACK-N-<br/>PLAYS- IN COMPLIANCE<br/>WITH CPSC</p>  |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>123. 10(d)(2)(B)</u><br/>WASHABLE COTS</p>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>124. 10(d)(2)(C)</u><br/>CHAIRS FOR FEEDING,<br/>STABLE BASE, SAFETY<br/>STRAPS, LOCKING TRAY</p>  |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>125. 10(d)(2)(D)</u><br/>DEVELOPMENTALLY<br/>APPROPRIATE TABLES,<br/>CHAIRS, EQUIPMENT</p>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>126. 10(d)(2)(E)</u><br/>REFRIGERATORS AND<br/>FOOD PREP FACILITIES</p>  |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>127. 10(d)(3)(A-C)</u><br/>OPTIONAL FURNITURE-<br/>EQUIPMENT-<br/>SAFE/HAZARD FREE</p>   |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>128. 10(e)(1-10)</u><br/>DIAPERING<br/>AND DIAPER AREAS</p>  | <table border="0"> <tr> <td><input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)</td> <td><input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)</td> </tr> <tr> <td><input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)</td> <td><input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)</td> </tr> <tr> <td><input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)</td> <td><input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)</td> </tr> <tr> <td><input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)</td> <td><input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)</td> </tr> <tr> <td><input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)</td> <td></td> </tr> </table> | <input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)    | <input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2) | <input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)   | <input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)            | <input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5) | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9) | <input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7) | <input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8) | <input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C) |  |
| <input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)             | <input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)  |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)            | <input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)  |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)                | <input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)   |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)                  | <input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)  |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C) |  |  |   |   |   |  |   |  |   |   |  |  |
| X  | <p><u>129. 10(f)(1-4)</u><br/>LINENS AND CLOTHING</p>  | <table border="0"> <tr> <td><input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)</td> <td><input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)</td> </tr> <tr> <td><input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)</td> <td><input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)</td> </tr> </table>   | <input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1) | <input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)                         | <input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3) | <input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4) |   |  |   |   |  |  |
| <input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)          | <input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)  |  |   |   |   |  |   |  |   |   |  |  |
| <input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)          | <input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)   |  |   |   |   |  |   |  |   |   |  |  |

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|--|--|--|
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>130. 10(g)(1-8)</b><br/>SAFE SLEEP – POSITIONING CRIBS POLICIES</p>  | <p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1)      <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2)      <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7)      <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p> |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>131. (h)(1)</b><br/>TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p>  | <p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1)      <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p>  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>135. (i)(1)(2 A-C)</b><br/>HEALTH CONSULTANT VISITS- DOCUMENTATION</p>   |  |
| <p style="text-align: center; font-size: 24pt;"><b>X</b></p>   | <p><b>136. (j)-(k)(5)</b><br/>FEEDING – SCHEDULES INFANTS BOTTLES</p>  | <p><input type="checkbox"/> INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND 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><br/>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><br/>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><br/>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><br/>APPROVED SCHOOL AGE ENDORSEMENT</p>   |  |

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

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

IS THERE AN APPROVED ENDORSEMENT? No

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

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

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

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

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

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

CHILD WITH DIABETES ENROLLED?

**N**

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

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

**ADDITIONAL VIOLATIONS**



|   |               |
|---|---------------|
| <b>180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN</b> | N/A: <b>Y</b> |
|---|---------------|

|  |           |  |                     |
|--|-----------|--|---------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | <b>No</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>0 out of 156</b> |
|--|-----------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Discussed Infants sleeping without head bands and hooded clothing.

**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                       | <b>Lori Mangano</b>   | <b>Jenifer Beltran</b>   | Printed Name                  |
| 2 <sup>nd</sup> OEC Representative | <b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.<br><br><b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b> |  |                               |
| Printed Name                       |   |  |                               |

|   |  |   |
|---|--|---|
|  | Written Corrective Action Plan due by: | <b>DIVISION OF LICENSING</b><br>450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103<br>Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552<br>Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a> |
|---|--|---|

|                             |                            |  |
|-----------------------------|----------------------------|--|
| OEC Representative's Email: | <b>lori.mangano@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> |
|-----------------------------|----------------------------|--|