



**DIVISION OF LICENSING**  
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 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	LITTLE CHERUBS CHRISTIAN PRESCHOOL				License Number	DCCC.15069		Date of Inspection	05/04/2026	
					Expiration Date	2/28/2030		Time of Inspection	10:05 AM	
Address	660 W MAIN ST CHESHIRE CT 06410-3923				Telephone	(203) 272-1150		Licensed Capacity	29	
					Hours of Operation	9:00 AM – 1:30 PM		Under Three Capacity	0	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 5 years years
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No
					Program's Email	littlecherubs@cheshirelutheran.org				
Operator	CHESHIRE LUTHERAN CHURCH				Director	JO ANN ADINOLFI HOLSTEIN				
Endorsements	Pre-School				Name of Inspector	Betty Mayer				
Key: Compliant = X Non-Compliant = <span style="color:red">O</span>	# Children Present under age 3	0	# Total Children Present	12	# of Staff Present	2	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

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

<b>X</b>	<u>1. 19a-79-2a(c)(8)</u> LOCAL HEALTH INSPECTION DATE: <u>04/16/2026</u>
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**ADMINISTRATION 19a-79-3a**

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

X	<u>7. 3a(b)(7)(B)</u> DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES										
X	<u>8. 3a(b)(7)(C)</u> CHILD PROTECTION										
X	<u>9. 3a(b)(7)(E)</u> MANDATED REPORTING										
X	<u>10. 3a(c)(1-4)</u> NOTIFICATION OF CHANGE										
O	<u>11. 3a(d)(1)-(6)</u> POLICIES- COMPLETED, IMPLEMENTED	<table border="0" style="width: 100%;"> <tr> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)</td> </tr> </table> <p>Program not in compliance with maintaining complete policies when discipline, multi-hazard, professional development plan and educational program plan missing all required components. Administrative oversight policy not observed.</p>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)
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<input type="checkbox"/> GENERAL OPERATING (d)(6)	<input type="checkbox"/> PERSONNEL (d)(7)	<input checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C)									
X	<u>12. 3a(d)(1)</u> DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR										
X	<u>13. 3a(f)</u> IMMEDIATE ACCESS BY PARENTS	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ACCESS BY PARENTS (f)</td> <td><input type="checkbox"/> ACCESS BY OEC (h)</td> </tr> </table>	<input type="checkbox"/> ACCESS BY PARENTS (f)	<input type="checkbox"/> ACCESS BY OEC (h)							
<input type="checkbox"/> ACCESS BY PARENTS (f)	<input type="checkbox"/> ACCESS BY OEC (h)										
X	<u>14. 3a(l)</u> 2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION										
X	<u>15. 3a(m)</u> MOTOR VEHICLE LAWS – TRANSPORTATION										
X	<u>16. 3a(n)</u> CAPACITY										
X	<u>17. 3a(o)</u> RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS										
O	<u>18. 3a(e)(1)-(6)</u> POSTINGS	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> LICENSE (e)(1)</td> <td><input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2)</td> <td><input checked="" 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> <p>Program not in compliance with maintaining required postings when Administrative Oversight policy not posted.</p>	<input type="checkbox"/> LICENSE (e)(1)	<input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2)	<input checked="" type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)	<input type="checkbox"/> MENUS (e)(3)	<input type="checkbox"/> NO SMOKING SIGNS (e)(4)	<input type="checkbox"/> OEC INSPECTION REPORT (e)(5)	<input type="checkbox"/> RADON TEST 7a(e)(17)	<input type="checkbox"/> SAFE SLEEP POLICY 10(g)(8)	<input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6)
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<input type="checkbox"/> RADON TEST 7a(e)(17)	<input type="checkbox"/> SAFE SLEEP POLICY 10(g)(8)	<input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6)									

STAFFING AND CONSULTANTS 19a-79-4a		
<b>X</b>	<u>19. 4a(a)(1)</u> STAFF HEALTH RECORDS	
<b>X</b>	<u>20. 4a(a)(3)</u> DISCIPLINARY ACTIONS	
<b>O</b>	<u>21. 4a(b)</u> COMPREHENSIVE BACKGROUND CHECKS	Program not in compliance with maintaining comprehensive background checks for staff when one staff background check incomplete.
<b>X</b>	<u>21a. 4a(b)(4)</u> PAST EMPLOYMENT HISTORY	
<b>X</b>	<u>22. 4a(b)(4)</u> EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY	
<b>X</b>	<u>23. 4a(d)</u> ADEQUATE STAFFING	
<b>X</b>	<u>24. 4a(d)(1)</u> DESIGNATED HEAD TEACHER – APPROVED – 60%	
<b>X</b>	<u>25. 4a(d)(2)</u> TWO STAFF PRESENT – AGE 18 OR OLDER	
<b>X</b>	<u>26. 4a(d)(3)(A-C)</u> PERSONAL QUALITIES OF STAFF	
<b>X</b>	<u>27. 4a(d)(4)(A)</u> RATIOS 1:10 – INDOORS AND OUTDOORS	<input type="checkbox"/> 1:10 INDOORS/OUTDOORS (d)(4)(A) <input type="checkbox"/> MIXED AGE GROUPS (d)(4)(b) <input type="checkbox"/> NAP TIME (d)(6)
<b>X</b>	<u>28. 4a(d)(4)(D)</u> SUPERVISION – INDOORS AND OUTDOORS	
<b>X</b>	<u>29. 4a(d)</u> GROUP SIZE – INDOORS AND OUTDOORS	<input type="checkbox"/> MAX 20 INDOORS/OUTDOORS (d)(5) <input type="checkbox"/> SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) <input type="checkbox"/> MIXED AGE GROUP (d)(5)(B)
<b>X</b>	<u>30. 4a(e)(1)</u> DESIGNATED DIRECTOR – TRAINING	
<b>X</b>	<u>31. 4a(f)(1)</u> CPR CERTIFIED PROGRAM STAFF	

X	32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF				
X	33. 4a(d)/(h) PROFESSIONAL DEVELOPMENT	<input type="checkbox"/> DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) <input type="checkbox"/> HEALTH & SAFETY TRAINING (h)(1) <input type="checkbox"/> 1% ANNUAL HOURS (h)(2)			
X	34. 4a(C)-(e) SWIMMING ACTIVITIES	<input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i) <input type="checkbox"/> CPR CERT STAFF-AGE 20↑ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)			
SWIMMING OFFERED? N					
O	35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS	<input checked="" type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D) <input type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H) <input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F) <input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)			
NOT IN COMPLIANCE		EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN    N/A?
CONTRACTS					
LOGS					
VISITS					
<b>RECORD KEEPING 19a-79-5a</b>					
X	36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION				
X	37. 5a(a)(1)(D) PARENT PERMISSIONS	<input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii) <input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv)			
X	38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS				
X	39. 5a(a)(2)(C) IMMUNIZATION RECORDS				
O	40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF	Program not in compliance with maintaining staff signatures on care plans when care plans for 3 children with albuterol missing all appropriate staff signatures.			
X	41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS				
X	42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY				

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

X	<p><u>57. 6a(b)(1)</u> ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS</p>	
X	<p><u>58. 6a(b)(2)</u> DESIGNATED ISOLATION AREA</p>	
X	<p><u>59. 6a(c-d)</u> FIRST AID KITS AND SUPPLIES</p>	<p><input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (6a)(c)  <input type="checkbox"/> FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (6a)(c)  <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS-                  WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (6a)(d) N/A:</p>
<p><b>PHYSICAL PLANT 19a-79-7a</b></p>		
O	<p><u>62. 7a(a)(2)</u> FIRE MARSHAL CODES – CERTIFICATE DATE: <u>06/21/2024</u></p>	<p>Program not in compliance with maintaining a current fire marshal certificate when fire marshal certificate expired.</p>
X	<p><u>63. 7a(b)</u> INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE</p>	
X	<p><u>64. 7a(b)(1)-(5)</u> CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION</p>	
X	<p><u>65. 7a(b)(6)</u> SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION</p>	
X	<p><u>66. 7a(c)(2)</u> LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM</p>	
	<p><u>67. 7a(c)(3)</u> BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE</p>	
X	<p><u>68. 7a(c)(4)</u> TESTING OF PREMISES OR GROUNDS FOR CHEMICALS</p>	
X	<p><u>69. 7a(c)(5)(A-C)</u> WATER SUPPLY TYPE: <u>Public Water</u> (SCHOOLS-N/A)</p>	<p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: <u>03/25/2026</u> <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A:  <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>

<p><b>X</b></p>	<p><b>70. 7a(c)(6)(A-D)</b> LEAD PAINT-BUILDING PRE-78? <u>No</u>  <input type="checkbox"/> PEELING PAINT – SAMPLE TAKEN _____</p>	<p><input type="checkbox"/> PRE-78 LEAD TEST (c6)(A)      TEST RESULTS: _____ <input type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D)      PLAN REQUIRES: _____</p>
<p><b>X</b></p>	<p><b>71. 7a(d)(1)</b> EMERGENCY VEHICLE ACCESS</p>	
<p><b>X</b></p>	<p><b>72. 7a(d)(2)</b> WALKWAYS MAINTAINED</p>	
<p><b>X</b></p>	<p><b>73. 7a(d)(2)</b> WINDOWS PROTECTED TO PREVENT FALLS</p>	
<p><b>X</b></p>	<p><b>74. 7a(d)(3)</b> WINDOW SCREENS</p>	
<p><b>X</b></p>	<p><b>75. 7a(d)(4)</b> GLASS/MIRRORS PROTECTED UP TO 36"</p>	
<p><b>X</b></p>	<p><b>76. 7a(d)(5)</b>    N/A: OVERHEAD DOORS-LOCKING DEVICES, SPRING PROTECTORS</p>	
<p><b>X</b></p>	<p><b>77. 7a(d)(6) – (f)(3)</b> EXITS, STAIRS, HALLWAYS UNOBSTRUCTED</p>	
<p><b>X</b></p>	<p><b>78. 7a(d)(7)</b> INDIVIDUAL STORAGE OF CLOTHING AND BEDDING</p>	
<p><b>X</b></p>	<p><b>79. 7a(d)(8)</b> SMOKING</p>	<p><input type="checkbox"/> SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS <input type="checkbox"/> MATCHES/LIGHTERS INACCESSIBLE</p>
<p><b>X</b></p>	<p><b>81. 7a(d)(9)</b> ELECTRICAL SAFETY – OUTLETS INACCESSIBLE-COVERED OR PROTECTED</p>	
<p><b>X</b></p>	<p><b>82. 7a(d)(10)(A-H)</b> TOILETING AND BATHROOMS</p>	<p><input type="checkbox"/> SHARED TOILETS/SINKS-SUPERVISION PLAN (10A)      <input type="checkbox"/> TOILETING NEEDS MET (10B) <input type="checkbox"/> POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C)      <input type="checkbox"/> REQUIRED TOILETS/SINKS 1:16 (10C) <input type="checkbox"/> TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E)      <input type="checkbox"/> HANDWASHING STAFF/CHILDREN (10E) <input type="checkbox"/> TOILETS/SINKS LOCATED AT THE FACILITY (10F)      <input type="checkbox"/> WELL LIGHTED/VENTILATED TOILET ROOMS (10G) <input type="checkbox"/> MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A) <input type="checkbox"/> SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)</p>

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

X	<p><u>99. 7a(e)(14-15)</u> N/A:                  PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN</p>	
X	<p><u>100. 7a(e)(16)</u>                  MEASURES TO PREVENT VERMIN</p>	
X	<p><u>101. 7a(e)(17)</u> Schls N/A:                  RADON TEST DATE:                  04/01/1997                  RESULTS:                  .7</p>	
X	<p><u>102. 7a(e)(18)</u> N/A:                  OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL</p>	
X	<p><u>103. 7a (f)(1)(A)</u>                  PROGRAM SPACE-ADEQUATE- 35 SQUARE FEET PER CHILD</p>	
X	<p><u>104. 7a(g)(1)</u>                  EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS</p>	
X	<p><u>105. 7a(g)(2)</u>                  ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)</p>	
X	<p><u>106. 7a(g)(3)</u>                  AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE</p>	
X	<p><u>107. 7a(g)(4)</u>                  DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS</p>	
X	<p><u>108. 7a(g)(5)</u>                  MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS</p>	
X	<p><u>109. 7a(g)(6)</u>                  INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND</p>	
X	<p><u>110. 7a(i)</u>                  NO WEAPONS, NO FACSIMILE OF A FIREARM</p>	

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

	<p><b>119. 10(c)(3)</b>  <b>GROUP SIZE -</b>  <b>MAX 8 (6 WKS-24 MTHS)</b>  <b>MAX 10 (24-36 MTHS)</b></p>											
	<p><b>120. 10(c)(4)</b>  <b>PHYSICAL BARRIERS</b>  <b>SEPARATING EACH</b>  <b>GROUP</b>  <b>(INDOORS AND OUTDOORS)</b></p>											
	<p><b>121. 10(d)(1)(A-C)</b>  <b>ADEQUATE SINKS IN</b>  <b>PROGRAM SPACE</b>  <b>(GRP HOMES-ACCESSIBLE)</b>  <b>HANDWASHING,</b>  <b>DIAPERING, FOOD PREP</b>  <b>USES</b></p>											
	<p><b>122. 10(d)(2)(A i-iii)</b>  <b>CRIBS AND PACK-N-</b>  <b>PLAYS- IN COMPLIANCE</b>  <b>WITH CPSC</b></p>											
	<p><b>123. 10(d)(2)(B)</b>  <b>WASHABLE COTS</b></p>											
	<p><b>124. 10(d)(2)(C)</b>  <b>CHAIRS FOR FEEDING,</b>  <b>STABLE BASE, SAFETY</b>  <b>STRAPS, LOCKING TRAY</b></p>											
	<p><b>125. 10(d)(2)(D)</b>  <b>DEVELOPMENTALLY</b>  <b>APPROPRIATE TABLES,</b>  <b>CHAIRS, EQUIPMENT</b></p>											
	<p><b>126. 10(d)(2)(E)</b>  <b>REFRIGERATORS AND</b>  <b>FOOD PREP FACILITIES</b></p>											
	<p><b>127. 10(d)(3)(A-C)</b>  <b>OPTIONAL FURNITURE-</b>  <b>EQUIPMENT-</b>  <b>SAFE/HAZARD FREE</b></p>											
	<p><b>128. 10(e)(1-10)</b>  <b>DIAPERING</b>  <b>AND DIAPER AREAS</b></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)											
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<input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)												
	<p><b>129. 10(f)(1-4)</b>  <b>LINENS AND CLOTHING</b></p>	<table border="0"> <tr> <td><input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)</td> <td><input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)</td> </tr> <tr> <td><input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)</td> <td><input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)</td> </tr> </table>	<input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)	<input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)	<input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)	<input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)						
<input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)	<input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)											
<input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)	<input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)											

	<p><b>130. 10(g)(1-8)</b> SAFE SLEEP – POSITIONING CRIBS POLICIES</p>	<p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1)      <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2)      <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7)      <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p>
	<p><b>131. (h)(1)</b> TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p>	<p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1)      <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p>
	<p><b>135. (i)(1)(2 A-C)</b> HEALTH CONSULTANT VISITS- DOCUMENTATION</p>	
	<p><b>136. (j)-(k)(5)</b> FEEDING – SCHEDULES INFANTS BOTTLES</p>	<p><input type="checkbox"/> INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j)</p> <p><input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)</p> <p><input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)</p> <p><input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)</p> <p><input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4)      <input type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)</p>
	<p><b>137. (l)(1)</b> OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)</p>	
	<p><b>138. (l)(2)</b> OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</p>	
	<p><b>139. (l)(3)</b> SHOCK ABSORBING MATERIALS LESS THAN 1 ½"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH &amp; SAFETY</p>	
<p><b>SCHOOL AGE ENDORSEMENT 19a-79-11</b></p>		<p>IS THERE AN APPROVED ENDORSEMENT?      No</p>
	<p><b>140. 11(b)</b> APPROVED SCHOOL AGE ENDORSEMENT</p>	

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

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

IS THERE AN APPROVED ENDORSEMENT? No

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

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

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

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

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

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

CHILD WITH DIABETES ENROLLED?

**N**

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

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



**ADDITIONAL VIOLATIONS**


180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: <b>Y</b>	
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<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	Yes	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	6 out of 129
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**DISCUSSIONS/COMMENTS**

**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>Betty Mayer</b>	<b>Tracy Robert's-Lennon</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>05/18/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto: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>elizabeth.mayer@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>