


**DIVISION OF LICENSING**

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## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                                                                    |                                        |   |                                 |   |                           |                           |                           |                               |                             |                      |    |
|------------------------------------------------------------------------------------|----------------------------------------|---|---------------------------------|---|---------------------------|---------------------------|---------------------------|-------------------------------|-----------------------------|----------------------|----|
| <b>Program Name</b>                                                                | BRIGHT YEARS NEWTOWN                   |   |                                 |   |                           | <b>License Number</b>     | DCCC                      |                               | <b>Date of Inspection</b>   | 06/08/2026           |    |
|                                                                                    |                                        |   |                                 |   |                           | <b>Expiration Date</b>    |                           |                               | <b>Time of Inspection</b>   | 10:40 AM             |    |
| <b>Address</b>                                                                     | 274 S MAIN ST<br>NEWTOWN CT 06470-2778 |   |                                 |   |                           | <b>Telephone</b>          | (203) 491-0909            |                               | <b>Licensed Capacity</b>    | 140                  |    |
|                                                                                    |                                        |   |                                 |   |                           | <b>Hours of Operation</b> | 7:00 AM — 6:00 PM         |                               | <b>Under Three Capacity</b> | 80                   |    |
| <b>Is this a Change of Address?</b>                                                | <b>Yes?</b>                            |   | <b>No?</b>                      |   | <b>X</b>                  | <b>Days of Operation</b>  | Mon-Fri                   |                               | <b>Ages Served</b>          | 6 — 5<br>week years  |    |
| <b>New Address</b>                                                                 |                                        |   |                                 |   |                           | <b>Night Hours</b>        | No                        | <b>Summer Hours</b>           | Open                        | <b>Weekend Hours</b> | No |
|                                                                                    |                                        |   |                                 |   |                           | <b>Program's Email</b>    | kathy@brightyears.com     |                               |                             |                      |    |
| <b>Operator</b>                                                                    |                                        |   |                                 |   |                           | <b>Director</b>           | Jessica Fiorini           |                               |                             |                      |    |
| <b>Endorsements</b>                                                                |                                        |   |                                 |   |                           | <b>Name of Inspector</b>  | Cathy Anderson            |                               |                             |                      |    |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = <span style="color: red;">O</span> | <b># Children Present under age 3</b>  | 0 | <b># Total Children Present</b> | 0 | <b># of Staff Present</b> | 4                         | <b>Type of Inspection</b> | INITIAL CREDENTIAL INSPECTION |                             |                      |    |

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

|          |                                                                          |  |
|----------|--------------------------------------------------------------------------|--|
| <b>X</b> | <u>1. 19a-79-2a(c)(8)</u><br>LOCAL HEALTH INSPECTION<br>DATE: 05/12/2026 |  |
|----------|--------------------------------------------------------------------------|--|

**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<br>WERE INFORMED OF<br>BEHAVIOR<br>MANAGEMENT<br>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<br>CHANGE                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>11. 3a(d)(1)-(6)</u><br>POLICIES- COMPLETED,<br>IMPLEMENTED                                         | <input type="checkbox"/> DISCIPLINE (d)(2)(A) <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C) <input type="checkbox"/> CLOSING TIME (d)(3)<br><input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B) <input type="checkbox"/> SUPERVISION (d)(5)<br><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-<br>CHILDREN AND STAFF-<br>KEEP 1 YEAR                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>13. 3a(f)</u><br>IMMEDIATE ACCESS BY<br>PARENTS                                                     | <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<br>IN PREK-<br>AUTHORIZATION                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>15. 3a(m)</u><br>MOTOR VEHICLE LAWS –<br>TRANSPORTATION                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>16. 3a(n)</u><br>CAPACITY                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>17. 3a(o)</u><br>RESPOND TO OEC- NO<br>FALSE, MISLEADING<br>STATEMENTS OR DOCS                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| X | <u>18. 3a(e)(1)-(6)</u><br>POSTINGS                                                                    | <input type="checkbox"/> LICENSE (e)(1) <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2) <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)<br><input type="checkbox"/> MENUS (e)(3) <input type="checkbox"/> NO SMOKING SIGNS (e)(4) <input type="checkbox"/> OEC INSPECTION REPORT (e)(5)<br><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 |                                                                                |                                                                                                                                                                               |
|------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X                                  | 19. 4a(a)(1)<br>STAFF HEALTH RECORDS                                           |                                                                                                                                                                               |
| X                                  | 20. 4a(a)(3)<br>DISCIPLINARY ACTIONS                                           |                                                                                                                                                                               |
| X                                  | 21. 4a(b)<br>COMPREHENSIVE<br>BACKGROUND CHECKS                                |                                                                                                                                                                               |
| X                                  | 21a. 4a(b)(4)<br>PAST EMPLOYMENT<br>HISTORY                                    |                                                                                                                                                                               |
| X                                  | 22. 4a(b)(4)<br>EVIDENCE OF<br>COMPLIANCE WITH<br>BACKGROUND<br>CHECKS/HISTORY |                                                                                                                                                                               |
| X                                  | 23. 4a(d)<br>ADEQUATE STAFFING                                                 |                                                                                                                                                                               |
| X                                  | 24. 4a(d)(1)<br>DESIGNATED HEAD<br>TEACHER – APPROVED –<br>60%                 |                                                                                                                                                                               |
| X                                  | 25. 4a(d)(2)<br>TWO STAFF PRESENT –<br>AGE 18 OR OLDER                         |                                                                                                                                                                               |
| X                                  | 26. 4a(d)(3)(A-C)<br>PERSONAL QUALITIES<br>OF STAFF                            |                                                                                                                                                                               |
| X                                  | 27. 4a(d)(4)(A)<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)                         |
| X                                  | 28. 4a(d)(4)(D)<br>SUPERVISION –<br>INDOORS AND<br>OUTDOORS                    |                                                                                                                                                                               |
| X                                  | 29. 4a(d)<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) |
| X                                  | 30. 4a(e)(1)<br>DESIGNATED DIRECTOR<br>– TRAINING                              |                                                                                                                                                                               |
| X                                  | 31. 4a(f)(1)<br>CPR CERTIFIED<br>PROGRAM STAFF                                 |                                                                                                                                                                               |

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| X                        | 32. 4a(f)(2)<br>FIRST AID CERTIFIED<br>PROGRAM STAFF                   |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 33. 4a(d)/(h)<br>PROFESSIONAL<br>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)<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)                                                                                                                                                 |        |                |                   |
|                          | SWIMMING OFFERED? N                                                    |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 35. 4a(i)/(F)<br>CONSULTANTS –<br>AGREEMENTS,<br>LOGS,<br>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                                                                 |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| RECORD KEEPING 19a-79-5a |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 36. 5a(a)(1)(A-C)<br>ENROLLMENT<br>INFORMATION                         |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 37. 5a(a)(1)(D)<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)                                                                                                                                           |        |                |                   |
| X                        | 38. 5a(a)(2)(A-B)<br>CHILD HEALTH RECORDS                              |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 39. 5a(a)(2)(C)<br>IMMUNIZATION<br>RECORDS                             |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 40. 5a(a)(2)(E)<br>INDIVIDUAL CARE PLAN-<br>SIGNED BY<br>PARENTS/STAFF |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 41. 5a(a)(3)(A)<br>INJURY, ILLNESS,<br>INCIDENT, ACCIDENT<br>REPORTS   |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |
| X                        | 42. 5a(a)(3)(B)<br>PARENT NOTIFICATION<br>OF ILLNESS OR INJURY         |                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                   |

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

|                          |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| X                        | 57. 6a(b)(1)<br>ILLNESS PROCEDURES-<br>STAFF<br>KNOWLEDGEABLE,<br>CHILDREN OBSERVED<br>FOR SIGNS/SYMPTOMS        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 58. 6a(b)(2)<br>DESIGNATED ISOLATION<br>AREA                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 59. 6a(c-d)<br>FIRST AID KITS AND<br>SUPPLIES                                                                    | <input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (6a)(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- (6a)(c)<br><input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS-<br>WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (6a)(d) N/A: |
| PHYSICAL PLANT 19a-79-7a |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 62. 7a(a)(2)<br>FIRE MARSHAL CODES –<br>CERTIFICATE<br>DATE: 05/11/2026                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 63. 7a(b)<br>INDOOR/OUTDOOR<br>SPACE INSPECTED AND<br>APPROVED PRIOR TO<br>USE                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 64. 7a(b)(1)-(5)<br>CONSTRUCTION-<br>EXPANSION-<br>RENOVATION-<br>CONVERSION                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 65. 7a(b)(6)<br>SPACE NOT INSPECTION<br>OR APPROVED BUT<br>USED FOR FIELD TRIPS-<br>WRITTEN PARENT<br>PERMISSION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 66. 7a(c)(2)<br>LICENSED PREMISES-<br>CLEAN, GOOD REPAIR,<br>HAZARD FREE,<br>MAINTENANCE<br>PROGRAM              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                          | 67. 7a(c)(3)<br>BUILDING, EQUIPMENT,<br>FURNISHINGS -<br>SANITARY AND HAZARD<br>FREE                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 68. 7a(c)(4)<br>TESTING OF PREMISES<br>OR GROUNDS FOR<br>CHEMICALS                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                        | 69. 7a(c)(5)(A-C)<br>WATER SUPPLY<br>TYPE: Public Water<br>(SCHOOLS-N/A)                                         | <input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: 05/06/2026<br><input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)                                                                                                                                                                                                                                                                                                                                                                                    |
|                          |                                                                                                                  | <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: N/A:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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| X | <b>70. 7a(c)(6)(A-D)</b><br><b>LEAD PAINT-</b><br><b>BUILDING PRE-78? <u>No</u></b><br><input type="checkbox"/> PEELING PAINT –<br>SAMPLE TAKEN<br>_____ | <input type="checkbox"/> PRE-78 LEAD TEST (c6)(A)      TEST RESULTS: _____<br><input type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D)    PLAN REQUIRES: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| X | <b>71. 7a(d)(1)</b><br><b>EMERGENCY VEHICLE</b><br><b>ACCESS</b>                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>72. 7a(d)(2)</b><br><b>WALKWAYS</b><br><b>MAINTAINED</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>73. 7a(d)(2)</b><br><b>WINDOWS PROTECTED</b><br><b>TO PREVENT FALLS</b>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>74. 7a(d)(3)</b><br><b>WINDOW SCREENS</b>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>75. 7a(d)(4)</b><br><b>GLASS/MIRRORS</b><br><b>PROTECTED UP TO 36"</b>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | <b>76. 7a(d)(5)</b> N/A: Y<br><b>OVERHEAD DOORS-</b><br><b>LOCKING DEVICES,</b><br><b>SPRING PROTECTORS</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>77. 7a(d)(6) – (f)(3)</b><br><b>EXITS, STAIRS,</b><br><b>HALLWAYS</b><br><b>UNOBSTRUCTED</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>78. 7a(d)(7)</b><br><b>INDIVIDUAL STORAGE</b><br><b>OF CLOTHING AND</b><br><b>BEDDING</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>79. 7a(d)(8)</b><br><b>SMOKING</b>                                                                                                                    | <input type="checkbox"/> SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS<br><input type="checkbox"/> MATCHES/LIGHTERS INACCESSIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| X | <b>81. 7a(d)(9)</b><br><b>ELECTRICAL SAFETY –</b><br><b>OUTLETS INACCESSIBLE-</b><br><b>COVERED OR</b><br><b>PROTECTED</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X | <b>82. 7a(d)(10)(A-H)</b><br><b>TOILETING</b><br><b>AND BATHROOMS</b>                                                                                    | <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) |

|   |                                                                                                           |                                                                                                                                                                                                                                                                                                            |
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| 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                                                |                                                                                                                                                                                                                                                                                                            |

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| X | 99. 7a(e)(14-15) N/A:<br>PETS OR OTHER<br>ANIMALS- IN GOOD<br>HEALTH, WRITTEN CARE<br>PLAN INCLUDING<br>ACCESS TO CHILDREN |  |
| X | 100. 7a(e)(16)<br>MEASURES TO PREVENT<br>VERMIN                                                                            |  |
| X | 101. 7a(e)(17) Schls N/A:<br>RADON TEST DATE:<br>03/17/2026<br>RESULTS:<br>.06                                             |  |
| X | 102. 7a(e)(18) N/A:<br>OPERABLE CARBON<br>MONOXIDE DETECTOR<br>ON EACH LEVEL                                               |  |
| X | 103. 7a (f)(1)(A)<br>PROGRAM SPACE-<br>ADEQUATE-<br>35 SQUARE FEET PER<br>CHILD                                            |  |
| X | 104. 7a(g)(1)<br>EQUIPMENT CLEAN,<br>SAFE, GOOD REPAIR,<br>NON-TOXIC, STURDY,<br>FREE FROM RUST AND<br>PROTRUDING NAILS    |  |
| X | 105. 7a(g)(2)<br>ADEQUATE EQUIPMENT<br>FOR REST- COTS -<br>CLEANING<br>(GRP HOMES ONLY:<br>MATS/SLEEPING BAGS)             |  |
| X | 106. 7a(g)(3)<br>AIR CONDITIONERS,<br>WATER HEATERS, FUSE<br>BOXES INACCESSIBLE                                            |  |
| X | 107. 7a(g)(4)<br>DEVELOPMENTALLY<br>APPROPRIATE<br>EQUIPMENT AND<br>MATERIALS                                              |  |
| X | 108. 7a(g)(5)<br>MANUFACTURE<br>GUIDELINES FOLLOWED-<br>FURNITURE,<br>EQUIPMENT/TOYS-<br>CPSC UNSAFE/RECALLS               |  |
| X | 109. 7a(g)(6)<br>INDOOR CLIMBING PLAY<br>EQUIPMENT-SHOCK AB.<br>MATERIALS<br>UNDER/AROUND                                  |  |
| X | 110. 7a(i)<br>NO WEAPONS, NO<br>FACSIMILE OF A<br>FIREARM                                                                  |  |

| PHYSICAL PLANT- OUTDOOR SPACE        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X                                    | <u>111. 7a(h)(1-9)</u><br>OUTDOOR SPACE –<br>HAZARDS<br>EQUIPMENT<br>DRINKING WATER                                           | <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) |
| X                                    | <u>112. (h)(7)(A-C)</u><br>OUTDOOR SPACE -<br>PROTECTED - FENCING                                                             | <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)                                                                                                                                                                                                                    |
|                                      | <u>114. (i)</u><br>WATER HAZARDS                                                                                              | <input type="checkbox"/> POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: Y <input type="checkbox"/> WADING POOLS PROHIBITED<br><input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:                                                                                                                                                                                                                                                                                                                                                                                          |
| EDUCATIONAL REQUIREMENTS 19a-79-8a   |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| X                                    | <u>115. (a)</u><br>WRITTEN DAILY/WEEKLY<br>EDUCATIONAL PLAN-<br>DEVELOPMENTALLY<br>APPROPRIATE -AVAILABLE<br>TO STAFF/PARENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| X                                    | <u>116. (a)(1-11), (b)</u><br>EDUCATIONAL<br>REQUIREMENTS –<br>ACTIVITIES<br>SCREEN TIME                                      | <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                                                                                                              |
| INFANT/TODDLER ENDORSEMENT 19a-79-10 |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| X                                    | <u>117. 10(b)</u><br>APPROVED UNDER<br>THREE ENDORSEMENT                                                                      | IS THERE AN APPROVED ENDORSEMENT? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X                                    | <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)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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

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

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|                                                    | <u>141. 11(c)-(c)(3)</u><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) |
|                                                    | <u>143. 11(d)</u><br>RATIO – 1 : 15 –<br>INDOORS AND<br>OUTDOORS                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>144. 11(e)</u><br>GROUP SIZE –<br>MAX. 30 CHILDREN –<br>INDOORS AND<br>OUTDOORS                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>145. 11(f)</u><br>4 YR OLDS ENROLLED IN<br>SCHOOL AGE-WRITTEN<br>AUTHORIZATION –<br>PERMISSIONS FROM<br>DIRECTOR/PARENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>146. 11(g)</u><br>DESIGNATED HEAD<br>TEACHER- APPROVED-<br>60%                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>147. 12(b)</u><br>APPROVED NIGHT CARE<br>ENDORSEMENT                                                                    | IS THERE AN APPROVED ENDORSEMENT?    No                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                    | <u>148. 12(b)(1)</u><br>PERSON IN CHARGE-<br>HEAD TEACHER                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>149. 12(b)(2)</u><br>WRITTEN PLAN FOR<br>PROGRAM ACTIVITIES-<br>MEET INDIVIDUAL<br>NEEDS, SLEEP<br>PATTERNS, QUIET TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>150. 12(b)(4)</u><br>WRITTEN PLAN FOR<br>SUPERVISION<br>INCLUDING COT<br>PLACEMENT,<br>EVACUATION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>151. 12(b)(4)</u><br>CHILDREN IN CARE NO<br>MORE THAN 12 HRS. IN<br>24                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                    | <u>152. 12(b)(5)</u><br>STAFF AWAKE AND<br>AVAILABLE                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|                                                | <b>153. 12(b)(6)-(7)</b><br>SLEEP PROVISIONS                                                         | <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)                                                           |
|                                                | <b>154. 12(b)(8)</b><br>AIR TEMP 65°F AT 3 FT                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                | <b>155. 12(b)(9)</b><br>FIRE MARSHAL<br>APPROVAL- HOURS<br>SPECIFIED                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                | <b>156. 12(b)(10)</b><br>LOCAL HEALTH<br>APPROVAL                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>157. 9a</b><br>WRITTEN MEDICATION<br>POLICIES, PROCEDURES                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>158. 9a</b><br>PERMIT ENROLLMENT<br>OF CHILDREN WITH<br>ASTHMA, ALLERGIES,<br>DIABETES            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>159. 9a(a)(2)-(3)</b><br>NON-PRESCRIPTION<br>TOPICAL MEDICATION                                   | <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)                                                                                                                                                                                                                                                    |
| <b>X</b>                                       | <b>160. 9a(b)(1-2)</b><br>MEDICATION TRAINING                                                        | <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) |
| <b>X</b>                                       | <b>161. 9a(b)(3)(A-B)</b><br>AUTHORIZED<br>PRESCRIBER- PARENT<br>PERMISSION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>162. 9a(b)(3)(D)</b><br>MEDICATION ERRORS-<br>DOCUMENTATION,<br>PARENT(S) AND OEC<br>NOTIFICATION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>163. 9a(b)(4)(A-B)</b><br>MEDICATION<br>ADMINISTRATION<br>RECORDS (MAR)                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>X</b>                                       | <b>164. 9a(b)(5)(A-B)</b><br>LABELING AND<br>STORAGE                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

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

CHILD WITH DIABETES ENROLLED?

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|---|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X | <u>171. 13(a)(1)</u><br>WRITTEN POLICIES AND<br>PROCEDURES                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X | <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,<br>READING TEST RESULTS, APPROPRIATE ACTIONS TAKEN (b)(1)(B)(i-iii) |
| X | <u>173. 13(c)(3)</u><br>SELF-ADMINISTRATION-<br>WRITTEN<br>AUTHORIZATION AND<br>UNDER SUPERVISION OF<br>TRAINED STAFF        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X | <u>174. 13(d)(1)</u><br>EQUIPMENT PROVIDED<br>BY PARENTS                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X | <u>175. 13(d)(2)</u><br>EQUIPMENT LABELED<br>AND INACCESSIBLE                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X | <u>176. 13(d)(3)</u><br>SIGNED AGREEMENT<br>WITH PARENT<br>REGARDING<br>EQUIPMENT, SUPPLIES,<br>MATERIALS TO BE<br>DISCARDED |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| X | <u>177. 13(e)(1)</u><br>AUTHORIZE PRESCRIBER<br>WRITTEN ORDER                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 178. 13(e)(2)<br>WRITTEN<br>AUTHORIZATION FROM<br>PARENT                                                                 |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 179. 13(e)(2)<br>TESTING RESULTS AND<br>ACTIONS TAKEN- DOC.<br>AND KEPT ON FILE, ENSURE<br>PARENTS ARE NOTIFIED<br>DAILY |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
| <b>ADDITIONAL VIOLATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 180. CONSENT ORDER -<br>NEGOTIATED<br>CORRECTIVE ACTION<br>PLAN N/A: Y                                                   |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
| WERE VIOLATIONS CITED<br>DURING THIS VISIT? Yes or No?                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          | No                                                                                                                                                                                                                       | LEVEL OF NON-COMPLIANCE<br>THIS VISIT: 0 out of 144                                                                                                                                                                                                                                       |
| <b>DISCUSSIONS/COMMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
| <p>all items on the inspection forms that are checked for compliance were either discussed at this inspection or in compliance</p> <p>Rock-wall is for use for ages 3-5 years</p> <p>All children must be 2 in the group to go to the ratio 5:1 and group size 10:2</p> <p>Capacity will be 140/80 under 3's</p> <p>Ceiling tile is stained</p> <p>Dramatic play kitchen sets were secured at this inspection</p> <p>Discussed in detail-supervision, ratio, group size, safe sleep and mandated reporting</p> |                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |
| <b>NOTE:</b> * 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<br>OEC<br>Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                      | Signature of<br>Person in Charge                                                                                                                                                                                                                                                          |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cathy Anderson                                                                                                           | Kathy Pancione                                                                                                                                                                                                           | Printed Name                                                                                                                                                                                                                                                                              |
| 2 <sup>nd</sup> OEC<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lori Mangano                                                                                                             | <b>THIS INSPECTION SHALL BE POSTED<br/>OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>                                                                                                                                |                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | Written<br>Corrective Action<br>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<br>Email: catherine.anderson@ct.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | 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> |                                                                                                                                                                                                                                                                                           |