

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Cedar Gables Preschool + CC	License Number: 15460	Date of Inspection: 6/28/22	Time of Arrival: 8:45
Address: 187 Clapboard Ridge Rd.	Expiration Date: 5/31/24	Licensed Capacity: 50	Under 3 Capacity: 16
Town: Danbury, CT 06811	Telephone: 203-743-9654	# of children present: 37	# of staff present: PL2
Operator: Cedargables preschool LLC	Director: Tara Kennedy		
Email: tara@cedargablespreschool.com	Head Teacher: Danick Baker		
Hours of Operation: M-F 6:30am - 6:00pm	Summer Care: Open		
Ages Served: 6WKS - 12y-o.	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☒ School Age (5y & up) ☐ Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

- ☒ 1. Local Health Date: 8/12/20

Administration 19a-79-3a

- ☒ 2. New Staff-Employee Orientation
☒ 3. Annual Staff Policy Training
☒ 4. Documentation of Behavior M. Tech Discussed w/Parents
☒ 5. Notification of Change
☒ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
☒ 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- ☒ 8. License
☒ 9. Current Fire Marshal Certificate Date: _____
☒ 10. OEC Complaint Procedure
☒ 11. Food Service Certificate Date: _____
☒ 12. Menus
☒ 13. Emergency Plans
☒ 14. No Smoking Signs
☒ 15. Radon Test (Y/N) Date: 2/27/99 Results: .7
☒ 15a. Developmental Milestones

Staffing 19a-79-4a

- ☒ 16. Staff Health Records/TB Tests
☒ 17. Professional Development
☒ 18. Disciplinary Actions
☒ 19. Designated Head Teacher/60 %
☒ 20. Two Staff Present
☒ 21. Ratio: 1 Staff to 10 Children
☒ 22. Group Size: Maximum 20 Children
☒ 23. Designated Director/Training
☒ 24. CPR Certified Staff
☒ 25. First Aid Trained Staff

Consultants

- ☒ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	—	—

- ☒ 27. Logs/Visits Documented

Swimming: (Y/N)

- ☒ 28. Non-Swimmers Identified

Swimming cont.

- ☒ 29. Staff/Child Ratios
☒ 30. CPR Certified Staff (20 years of age)
☒ 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- ☒ 32. Enrollment Information
☒ 33. Emergency Medical Permission
☒ 34. Authorized Released Permission
☒ 35. Field Trip Permission
☒ 36. Transportation Permission
☒ 37. Child Health Records/Immunizations/TB
☒ 38. Individual Care Plan (Signed by Parent/Staff)
☒ 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- ☒ 40. Nutritious Snacks/Meals (Required Food Groups)
☒ 41. Proper Refrigeration
☒ 42. Kitchen Separated
☒ 43. Hand Washing Before Eating/Food Handling
☒ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- ☒ 45. License Premise: Clean/Good Repair/Hazard Free
☒ 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
☒ 49. Lead Water Test Date: 8/12/21
Bacterial/Chemical Test (Y/N) Date: _____
☒ 50. Walkways Maintained
☒ 51. Designated Staff Toilet/Sink
☒ 52. All Openings for Ventilation Screened
☒ 53. Windows Protected to Prevent Falls
☒ 54. Glass Protected to 36"
☒ 55. Overhead Doors Locking Devices/Spring Protectors
☒ 56. Exits/Hallways and Stairs Unobstructed
☒ 57. Individual Storage of Clothing/Bedding
☒ 58. Smoking Prohibited
☒ 59. Matches/Lighters Inaccessible
☒ 60. Electrical Safety: Outlets/Cords
☒ 61. Toileting Needs Met
☒ 62. Required Toilets/Sinks/Supplies
☒ 63. Potty Chairs: Nonporous/Emptied/Disinfected
☒ 64. Hand Washing After Toileting: Staff/Children
☒ 65. Ventilation in Toilet Room
☒ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

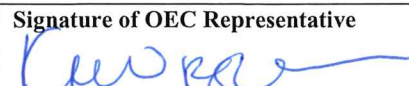
Written Corrective Action Plan Due to OEC by: 7/12/22

Signature of Person in Charge:

Print name: Krisi Morgan

Print name: Tara Kennedy

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Cedar Gables Preschool + Childcare		License Number: 15460	Date of Inspection: 6/28/22
Physical Plant continued: ☒ 67. Water Temperature 60°-115° ☒ 68. Portable Space Heaters ☒ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair ☒ 70. Rugs Secure ☒ 71. Hot Water/Steam Pipes Protected ☒ 72. Working Phone on Each Level ☒ 73. Emergency Numbers Posted ☒ 74. Adequate Lighting: 50/30 Candle Feet ☒ 75. Light Fixtures Shielded/Shatter Proof ☒ 76. Potentially Hazardous Substances Locked ☒ 77. Garbage/Rubbish Disposed Daily ☒ 78. Stairs Protected/Good Repair/Handrails ☒ 79. Pets: Maintained/Care Plan (Y/N) ☒ 80. Operable CO Detector on Each Level (Y/N) ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 82. Equipment: Good Repair/Safe/Non-toxic ☒ 83. Cots Stored/Maintained/Adequate Number ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) ☒ 86. No Weapons/No Facsimile of a Firearm on Premise Outdoor Space ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child ☒ 88. Impact Absorbing Material under Equipment ☒ 89. Playground Free from Hazards ☒ 90. Peeling Paint (Y/N) Sample Taken (Y/N) ☒ 91. Lead Management Plan (Y/N) ☒ 92. Equipment Anchored/Safely Arranged ☒ 93. Outdoor Play Area Protected/Fenced ☒ 94. Drinking Water Available/Accessible Educational Requirements 19a-79-8a ☒ 95. Written Plan for Daily Program Available to Parents/Staff ☒ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up Administration of Medications 19a-79-9a ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file Nonprescription Topical Medications ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed Self-Administration ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization Emergency Distribution of Potassium Iodide ☒ 108. KI Pills Parent Permission/Storage		Under Three Endorsement 19a-79-10 ☒ 109. Approved Endorsement ☒ 110. Ratio: 1 Staff to 4 Children ☒ 111. Group Size no Larger than 8 ☒ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) ☒ 113. Adequate Sinks in Program Space ☒ 114. Free Standing/Well-Constructed/Safe Cribs ☒ 115. Washable Cots ☒ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray ☒ 117. Dev. Appropriate Tables/Chairs/Equipment ☒ 118. Refrigerators and Food Prep Facilities ☒ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use ☒ 120. Washed/Disinfected ☒ 121. Disposable Paper Sheets ☒ 122. Covered Waste Receptacle ☒ 123. Diaper Changing Policy Posted ☒ 124. Hand Washing Policy Posted ☒ 125. Individual Storage of Personal Items ☒ 126. Cribs/Cots Washed/Disinfected ☒ 127. Under 12 Months Placed on Back for Sleeping ☒ 128. Alternate Sleep Position/Equip-Medical Document Y/N ☒ 129. Crib/Bed Used for Infant Sleeping ☒ 130. Crib/Bed Free from Observable Hazards ☒ 131. Infant Toys Separate/Washed/Disinfected Daily ☒ 132. No Toys/Objects Less than 1 1/4" Diameter ☒ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible ☒ 134. Health Consultant/Documentation of Visits ☒ 135. Infants Held for Bottles/Individual Attn/Tummy Time ☒ 136. Written Statement/Feeding Schedule from Parent ☒ 137. Unused Portions of Liquids Discarded ☒ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing ☒ 139. Food Served from Dish or Whole Jar Served ☒ 140. Bottles Individually Identified w/Child's Name Outdoor Play Space-Under Three: ☒ 141. Play Space Fenced ☒ 142. Outdoor Equipment: Dev. Appropriate School Age Children Endorsement 19a-79-11 ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate Night Care Endorsement 19a-79-12 (10pm-5am) ☒ 148. Approved Endorsement ☒ 149. Written Program Plan/Supervision ☒ 150. Staff Awake/Available ☒ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel ☒ 152. Individual Storage of Personal Items ☒ 153. Bedding/Sleeping Apparel Laundered Weekly Monitoring of Diabetes 19a-79-13 ☒ 154. Written Policies/Procedures ☒ 155. On Site Staff Trained in First Aid/Glucose Testing ☒ 156. Training Current/Documented ☒ 157. Supervision of Self Administration ☒ 158. Equipment/Supplies: Labeled/Inaccessible ☒ 159. Signed Agreement w/Parent Regarding Equipment ☒ 160. Materials Discarded Appropriately ☒ 161. Authorized Prescriber/Parent Permission ☒ 162. Documentation of Test Results/Actions Taken ☒ 163. Daily Written Parent Notifications	
Signature of OEC Representative 		Written Corrective Action Plan Due to OEC by: 7/12/22	Signature of Person in Charge 
Print Name: <u>Kristi Moya</u>		Print Name: <u>Tara Kennedy</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedar Gables Preschool LLC License # 15460 Date: 6/28/22Observations/Corrections needed:

- 38 - 2 individual care plans not signed by staff.
- 67 - observed water temperature in preschool bathrooms at 120° + 121.4°.
- 76 - observed unlocked cleaners + spray paint in preschool.
- 88 - 8" of impact absorbing material not observed under climber/slide on under 3 playground.
- 93 - observed back corner of preschool + ~~under 3~~ ^{on (2nd)} fencing with gap between bottom of fence + ground; observed back corner of under 3 playground fencing not meeting 4 foot requirement. Observed large gate by parking lot not functioning properly + with large gaps between bottom of gate + ground as well as between gate + fence post.
- 116 - observed 1 toddler in high chair not buckled.
- 124 - observed infant sleeping on a mat on the floor.
- 130 - observed loose crib sheets.
- 133 - observed plastic bags in low drawer in toddler room.
- discussed:

- 1 staff physical missing dates
- fire marshal certificate dated 3/30/23 - correction needed.
- Surfacing on under 3 playground in disrepair - tripping hazard.
- Sunscreen accessible in toddler room
- observed toddler placed in pack-n-play as discipline + was in there for approximately 10 minutes.

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

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

Signature: [Signature]Print Name: Kristin Maggion

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]OEC BY: 7/12/22Print Name: Tara Kennedy