

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302 Hartford, CT 06103  
Phone (800)-282-6063 Fax (860)-326-0552  
**CHILD CARE CENTER/GROUP INSPECTION FORM**

Post for 30  
Operating  
Days

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>The Little Gon</u>	License Number: <u>Pending</u>	Date of Inspection: <u>8-8-22</u>	Time of Arrival: <u>9:30am</u>
Address: <u>79 Newtown Tpke</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>Pending</u>	Under 3 Capacity: <u>Pending</u>
Town: <u>Westport</u>	Telephone: <u>203-226-8584</u>	# of children present: <u>0</u>	# of staff present: <u>4</u>
Operator: <u>Chabad Lubavitch of Westport</u>	Director: <u>Dina Kantor</u>		
Email: <u>dina@littlegon.com</u>	Head Teacher: <u>Allison Weinstock</u>		
Hours of Operation: <u>M-F 9am-12pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>18 months - 5 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

1. Local Health Date: 8-5-22

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: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11-4-21 Results: 1.1
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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

Consumants

26. Agreements/Contracts (Complete/Signed Annually)

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

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: 10-19-21  
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: Cathy Anderson

Print name: Cathy Anderson

Written Corrective Action Plan Due to OEC by: PRO/TO approval

Signature of Person in Charge: Dina Kantor

Print name: Dina Kantor



SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Little Gen License # Pending Date: 8-8-22

Observations/Corrections needed:

- #9 - no current fire marshal certificate on site
  - #78 - Observed stairs on playground not protected
  - #80 - Observed no documentation of CO detector in fire system
  - #89 - Observed electrical box not protected and 7 propane canisters, ladders and tools accessible
  - #93 - Observed fence to measure 30"-36" and large gaps. The playground is very close to water
  - #113 - Observed rooms 2A and 3 do not have handwashing sinks
  - #112 - Observed no barrier between 2A and 2B
  - #119 - Observed rooms 2A and 3 do not have a changing table and also room 5
- all items on the inspection form were either discussed or in compliance at this inspection
- #45 - Observed furniture throughout not secured  
needed for approval

Zoning  
fire building } approvals (for all room)

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: Cathy Anders  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to approval

Signature: [Signature]  
(Person in Charge)

**SQUARE FOOTAGE REPORT**

**30 OR 35 sq/ft**

The Little Gen  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
8-8-22  
(Date of Measurements)

INDOOR SPACE	
Room: <u>1</u> (Name/Number)	: $(2650 \times 2150) + (625 \times 1267) + (\quad \times \quad) + (\quad \times \quad) = 65527$
Totals	<u>569.25</u> <u>85.50</u> Minus
Under 3 YES/NO	Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ <u>/</u>
Totals	_____
Description	_____
Total	<u>655.27</u> $\div 35/30 =$ <u>18</u> OK for <u>18</u> children
Room: <u>2 (A)</u> (Name/Number)	: $(15 \times 15.5) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 236.25$
Totals	<u>236.25</u> Minus
Under 3 YES/NO	Deduction: $(125 \times 233) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 1.25$
Totals	<u>1.25</u>
Description	<u>Shelf</u>
Total	<u>234.5</u> $\div 39/30 =$ <u>6</u> OK for <u>6</u> children
Room: <u>2 (B)</u> (Name/Number)	: $(15.5 \times 15.17) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 238.93$
Totals	<u>238.93</u> Minus
Under 3 YES/NO	Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ <u>/</u>
Totals	_____
Description	_____
Total	<u>238.93</u> $\div 35/30 =$ <u>6</u> OK for <u>6</u> children
Room: <u>3</u> (Name/Number)	: $(16 \times 16) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 256$
Totals	<u>256</u> Minus
Under 3 YES/NO	Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$ _____
Totals	_____
Description	_____
Total	<u>256</u> $\div 35/30 =$ <u>7</u> OK for <u>7</u> children

Express the figure as whole number by rounding decimals down.

Child toilets = 1  
Child Sinks = 1

Staff bathroom = 1

New Capacity 31  
49 35 due to zoning capacity under 3's

### SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

\*30 sq/ft licensed prior 1986 (continuous basis)

The Little Gen  
(Name of Program)

Pending  
(License Number)

8-8-22  
(Date of Measurements)

#### INDOOR SPACE

Room: 4 : (21 x 14.25) + (267 x 5) + (     x     ) + (     x     ) = 312.6  
(Name/Number) Totals 299.25 13.35 Minus

Under 3  
 YES/NO Deduction: (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
Totals                  
Description                

Total 312.6 ÷ 35/30 = 8 OK for 8 children

Room: 5 : (12 x 14.50) + (     x     ) + (     x     ) + (     x     ) = 174.96  
(Name/Number) Totals 174.96 Minus

Under 3  
 YES/NO Deduction: (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
Totals                  
Description                

Total 174.96 ÷ 35/30 =     OK for 4 children

Room:     : (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
(Name/Number) Totals                 Minus

Under 3  
 YES/NO Deduction: (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
Totals                  
Description                

Total     ÷ 35/30 =     OK for     children

Room:     : (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
(Name/Number) Totals                 Minus

Under 3  
 YES/NO Deduction: (     x     ) + (     x     ) + (     x     ) + (     x     ) =      
Totals                  
Description                

Total     ÷ 35/30 =     OK for     children

Express the figure as whole number by rounding decimals down.

**SQUARE FOOTAGE REPORT**

The Little Gen  
(Name of Program)

(Not counted in capacity)  
pending  
(License Number)

8-8-22  
(Date of Measurements)

**ACTIVITY ROOM (Not counted in capacity)**

Room: Gross motv: (31.6 x 39) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = 1,474.2  
(Name/Number)

Totals 1,474.2 Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( ) x ( ) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = \_\_\_\_\_

Totals \_\_\_\_\_ Minus \_\_\_\_\_  
Description \_\_\_\_\_

Total 1,474.2 ÷ 35/30 = \_\_\_\_\_ OK for 12 children  
*0/8 under 3's due to group size*

---

Room: \_\_\_\_\_ : ( ) x ( ) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = \_\_\_\_\_  
(Name/Number)

Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( ) x ( ) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = \_\_\_\_\_

Totals \_\_\_\_\_ Minus \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: (2708 x 48 + 558 x 6.58) + ( ) x ( ) = 1,200.63 ÷ 75 = 16  
OK for 16 children  
*0/8 under 3's due to group size*

Under 3 Totals: 1,300 3737  
YES/NO/BOTH - stairs

---

Playground 2: (47 x 5) + ( ) x ( ) + ( ) x ( ) = 235 ÷ 75 = 3  
OK for 3 children  
*Sidewalk*

Under 3 Totals: 235  
YES/NO/BOTH

---

Playground 3: ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = ~~2815~~ ÷ 75 = \_\_\_\_\_  
CA

Under 3 Totals: \_\_\_\_\_  
YES/NO/BOTH

OK for \_\_\_\_\_ children

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 7  
\*Total of sinks for children: 7

Exclusive use for staff 35 due to zoning  
49 TOTAL CAPACITY INCLUDING 31 UNDER THE AGE OF 3

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)  
\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)