

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Chabad Preschool</u>	License Number: <u>Pending</u>	Date of Inspection: <u>9-22</u>	Time of Arrival: <u>11:30am</u>
Address: <u>6 Lincoln Ave</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>Pending</u>	Under 3 Capacity: <u>Pending</u>
Town: <u>Greenwich</u>	Telephone: <u>203-629-9059</u>	# of children present: <u>0</u>	# of staff present: <u>5</u>
Operator: <u>Chabad Lubavitch of Greenwich INC</u>	Director: <u>Maryashie Deren</u>	Head Teacher: <u>Maryashie Deren</u>	
Email: <u>Greta@chabadgreenwich.org</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 7:30am - 5:30pm</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: 8-19-22

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: 8-9-22
- 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: 11-27-17 Results: 2.4
- 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

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<u>NA</u>	<u>NA</u>

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: 8-8-22
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: Prior to approval

Signature of Person in Charge:

Greta Finkdstein

Print name: Greta Finkdstein

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Chabad Preschool</i></p>	<p>License Number: <i>Pending</i></p>	<p>Date of Inspection: <i>9-1-22</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <p><i>NA</i> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</p>	<p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>Discussed</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Cathy Anderson</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>prior to approval</i></p>	<p>Signature of Person in Charge <i>Greta Finkelstein</i></p>
<p>Print Name: <u><i>Cathy Anderson</i></u></p>	<p>Print Name: <u><i>Greta Finkelstein</i></u></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chabad Preschool License # Pending Date: 9-1-22

Observations/Corrections needed:

#45 - Child furniture is not secured in both rooms

#54 - Glass on door is not protected to 36"

#66 - Thermometer is not working and not affixed in room 1

#89 - Outdoor rugs are not secured and pose a tripping hazard, flower raised beds are not secured, 1 wooden slot not secured and gate has a 6" gap on bottom which can cause entrapment.

~~#119 - room 2 does not have a changing table (CA)~~

#26 - no agreements for Educator, Health and Social Service Consultants.

Discussed: All items on the inspection form were discussed at this inspection including Supervision, group size and ratios.

Still needed for approval

updated work schedule and background checks to clear

Sketch of Lincoln Playground

updated Policies

Corrective Plan

Social Service Consultant resume

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 Anderson
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Prior to approval Signature: [Signature]
(Person in Charge)

SQUARE FOOTAGE REPORT

Chabad Preschool
(Name of Program)

Pending
(License Number)

9-1-22
(Date of Measurements)

INDOOR SPACE

Room: 1 : (2325 x 12.61) + (x) + (x) + (x) = 294.58

left side

(Name/Number)

Totals 294.58

Minus

Under 3

YES/NO

Deduction: (.75 x 6.67) + (3.75 x .50) + (x) + (x) = 6.88

Totals

Description

fire place

wall

Total 287.7 ÷ 35/30 = 8

OK for 8 children

Room: 2 : (12 x 12) + (12 x 7.33) + (4 x 5.42) + (x) = 253.64

right side

(Name/Number)

Totals 144

87.96 21.68

Minus

Under 3

YES/NO

Deduction: (2.17 x 1.67) + (x) + (x) + (x) = 3.62

Totals

Description

wall

Total 253.64 ÷ 35/30 = 7

OK for 7 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

Chabad Preschool
(Name of Program)

(Not counted in capacity)

Pending
(License Number)

9-1-22
(Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: _____ : (_____ x _____) + (_____ x _____) + (_____ x _____) + (_____ x _____) = _____
(Name/Number)

Totals _____ Minus _____

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

Totals _____
Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (44 x 50) + (_____ x _____) + (_____ x _____) = 2,200 ÷ 75 = 29
Under 3 YES/NO/BOTH Totals: 2,200 OK for 8 children
Under 35 due to grass size

Playground 2: (34 x 35.5) + (16.7 x 35) + (6 x 72.5) = 1,766.75 ÷ 75 = 23
mason Under 3 YES/NO/BOTH Totals: 1,209.72 565.95 minus 29 OK for 8 children
Under 35 due to grass size

Playground 3: (_____ x _____) + (_____ x _____) + (_____ x _____) = _____ ÷ 75 = _____
Under 3 YES/NO/BOTH Totals: _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 1 Exclusive use for staff 1
*Total of sinks for children: 3

 TOTAL CAPACITY 15 INCLUDING 15 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)