

Post for 30  
Operating  
Days

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302 Hartford, CT 06103  
Phone (800)-282-6063 Fax (860)-326-0552

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CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Little Eagles Pre-Kindergarten Center</u>	License Number: <u>15824</u>	Date of Inspection: <u>3/1/2023</u>	Time of Arrival: <u>1:05 PM</u>
Address: <u>1003 New Haven Ave.</u>	Expiration Date: <u>3/31/2026</u>	Licensed Capacity: <u>15</u>	Under 3 Capacity: <u>0</u>
Town: <u>Milford, CT. 06460-1637</u>	Telephone: <u>203-876-2126</u>	# of children present: <u>4</u>	# of staff present: <u>2</u>
Operator: <u>Milford Christian Church</u>	Director: <u>Janet Parady</u>	Head Teacher: <u>Janet Parady</u>	
Email: <u>littleeaglesprek@yahoo.com</u>	Summer Care: <u>Open</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: <u>Monday-Friday 7AM-5:30PM</u>	Ages Served: <u>3-11 years</u>		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

- Licensure Procedures 19a-79-2a**  
 1. Local Health Date: 10/20/2021
- 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: 2/16/2022  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: \_\_\_\_\_  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: 2/1/2023 Results: 3.5  
 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      | ✓         | 0    |
| Health         | ✓         | 0    |
| Social Service | ✓         | 0    |
| Dental         | Y         | N/A  |
| Dietitian      | N/A       | N/A  |
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: 10/19/20  
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: <u>3/15/2023</u>	Signature of Person in Charge: 
Print name: <u>BUDGET L. MERRILL</u>		Print name: <u>Janet Parady</u>

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <u>Little Eagles Pre-Kindergarten Center</u></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures: Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (N/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (N/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (N/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p>Outdoor Space</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (N/N) Sample Taken (N/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs</li> </ul> <p>Program Includes: Indoor/Outdoor, Gross/Fine Motor/Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</p> <p>Administration of Medications 19a-79-9a <u>None enrolled</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p>Self-Administration</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p>License Number: <u>153824</u></p> <p>Date of Inspection: <u>3/15/2023</u></p> <p>Under Three Endorsement 19a-79-AP</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing Well-Constructed Safe Cribbs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Leaning Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive/Loc</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position Equip-Medical Document W/N</li> <li><input checked="" type="checkbox"/> 129. Crib Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/2" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Actn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or White Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p>Night Care Endorsement 19a-79-12 (10pm-Sun)</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p>Monitoring of Diabetes 19a-79-13 <u>None enrolled</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>
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Signature of OEC Representative

*[Signature]*  
Print Name: BRIDGET L. HECKEL

Written Corrective Action Plan

Due to OEC by: 3/15/2023

Signature of Person in Charge

*[Signature]*  
Print Name: Janet Parady

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Edges Pre-kindergarten Center License # 15824 Date: 3/1/2023

Observations/Corrections needed:

- #4- observed no documentation of behavior management discussion for 1 child
- #16- observed 1 staff physical to be expired
- #17- observed no current professional development, including annual policy/plan review, for 1 staff
- #18b- observed no current background checks for 1 staff
- #27- observed no documentation of annual policy/plan review by Education consultant and Health consultant not documenting a minimum of 4 visits per year
- #37- observed no documentation of flu vaccination for 6 children and no current record of immunization/catch up schedule for 2 children
- #49- observed lead water test to be more than 2 years old
- #90- observed peeling paint on garage door

\* Discussed first aid manual needing to be less than 5 years in print  
 \* Program must submit copies of flu vaccinations, immunization/catch up schedule listing immunizations to be given and dates to be given and lead water test and staff physical once received.

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]  
(OEC Representative)  
Print Name: BRENDA L. MERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/15/2023

Signature: Janet Parady  
(Person in Charge)  
Print Name: Janet Parady