

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Starling House Preschool</u>	License Number: <u>12267</u>	Date of Inspection: <u>6/12/2023</u>	Time of Arrival: <u>9AM</u>
Address: <u>2283 Main St.</u>	Expiration Date: <u>2/28/2025</u>	Licensed Capacity: <u>65</u>	Under 3 Capacity: <u>0</u>
Town: <u>Stratford, CT. 06615-5920</u>	Telephone: <u>203-378-2606</u>	# of children present: <u>20</u>	# of staff present: <u>3</u>
Operator: <u>Starling House Community Center Inc</u>	Director: <u>Amy Kapitan</u>		
Email: <u>preschool@starlinghousecc.org</u>	Head Teacher: <u>Amy Kapitan</u>		
Hours of Operation: <u>Monday-Friday 8:30AM-5:30PM</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>3-8 years</u>	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: 11/2/2021

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: 11/6/2022
 10. OEC Complaint Procedure
N/A 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 12/29/1994 Results: .7+1.5
 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 136 Background checks
 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	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: 3/11/2022
 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: [Signature] Written Corrective Action Plan Due to OEC by: 4/23/2023 Signature of Person in Charge: [Signature]

Print name: BRIDGET L. HARRIS Print name: AMY KAPITAN

SUPPLEMENTAL REPORT OF INSPECTION

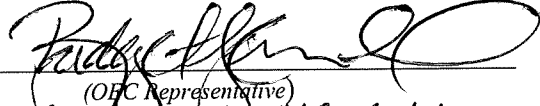
Name of Program/Provider: Berling House Preschool License # 12267 Date: 4/9/2023

Observations/Corrections needed:

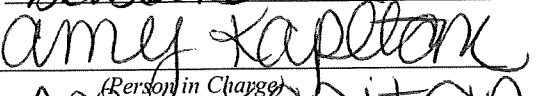
- #4- observed no documentation of behavior management discussion for 3 children
- #5- observed no notification of change for new health consultant
- #16- observed no physical or TB test with results for 1 staff
- #32- observed enrollment forms missing parent work addresses and dates of enrollment
- #38- observed no staff signatures on 3 individual care plans
- #41- observed cheese stick, yogurt stick and yogurt cup unrefrigerated
- #45- observed dusty fan blades in ~~Area~~ ^{Auditorium} and cubby not secure in Auditorium
- #76- observed lysol spray in staff bathroom and Glade spray in Auditorium to be unlabeled
- #89- observed exposed gray fiber matting and exposed screws on gate sign in playground
- #103- observed 2 unlabeled Benadryl in Preschool
- #116- observed 1 staff without current background checks

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: Print Name: BRIDGETU HERON

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: OEC BY: C/23/2023Print Name: AMY KAPITAN