

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>The Little Gon 329</u>	License Number: <u>pending</u>	Date of Inspection: <u>8-3-23</u>	Time of Arrival: <u>10am</u>
Address: <u>329 Wilton Rd</u>	Expiration Date: <u>pending</u>	Licensed Capacity: <u>27</u>	Under 3 Capacity: <u>0</u>
Town: <u>Westport</u>	Telephone: <u>203-226-8584</u>	# of children present: <u>0</u>	# of staff present: <u>1</u>
Operator: <u>Chabad Lubavitch of Westport</u>	Director: <u>Dina Kantor</u>		
Email: <u>office@chabadofwestport.com</u>	Head Teacher: <u>Allison Weinstock</u>		
Hours of Operation: <u>M-F 9am-2pm³⁰</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: 6-8-22

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: 6-20-23
- 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: 4-13-99 Results: 3.0
- 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: 7-31-23
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: <u>Cathy Anderson</u>	Written Corrective Action Plan Due to OEC by: <u>prop to approval</u>	Signature of Person in Charge: <u>Dina Kantor</u>
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Print name: Cathy Anderson

Print name: Dina Kantor

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: The Little Gem 329		License Number: Pending	Date of Inspection: 8-3-23
Physical Plant continued: <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 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 		Under Three Endorsement 19a-79-10 <ul style="list-style-type: none"> <input type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name 	
Outdoor Space <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"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible 		NA <ul style="list-style-type: none"> <input type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name 	
Educational Requirements 19a-79-8a <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 		Outdoor Play Space-Under Three: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate 	
Administration of Medications 19a-79-9a <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file 		School Age Children Endorsement 19a-79-11 <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate 	
Nonprescription Topical Medications <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage 		Night Care Endorsement 19a-79-12 (10pm-5am) <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly 	
Oral/Topical/Inhalant/Injectable Medications <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 		Monitoring of Diabetes 19a-79-13 <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 type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications 	
Self-Administration <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 			

Signature of OEC Representative Cathy Anderson	Written Corrective Action Plan Due to OEC by: Pnortu Approval	Signature of Person in Charge Dine Kantor
Print Name: Cathy Anderson	Print Name: Dine Kantor	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Little Garden 329 License # Pending Date: 8-3-23

Observations/Corrections needed:

Corrections Observed:

- #45 - Child furniture not secured in both rooms
- #66 - Thermometers not affixed in all rooms
- #80 - CO Detectors are needed on all levels
- #88 - Mulch measures 4-6" under Climbing equipment.
- #93 - Gates are missing on 2 sides of playground.

Discussed all items on the inspection sheet

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)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Dina Kantor

(Person in Charge)

OEC BY: prior to approval

Print Name: Dina Kantor

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

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

The Little Gan 329
(Name of Program)

Pending
(License Number)

(Date of Measurements)

INDOOR SPACE

Room: 1 : (31 x 18) + (x) + (x) + (x) = 558
(Name/Number)

Totals 558 Minus _____

Under 3
YES/NO

Deduction: (75 x 8) + (x) + (x) + (x) = 60

Totals 60

Description bathroom

Total 498 ÷ 35/30 = 14

OK for 14 children

Room: 2 : (20.33 x 25) + (x) + (x) + (x) = 508.25
(Name/Number)

Totals _____ Minus _____

Under 3
YES/NO

Deduction: (5.67 x 8) + (x) + (x) + (x) = 45.36

Totals 45.36

Description bathroom

Total 462.89 ÷ 35/30 = 13

OK for 13 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 329
(Name of Program)

(Not counted in capacity)
pending
(License Number)

8-3-23
(Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: All Purpose : (22.50 x 34) + (x) + (x) + (x) = 765
(Name/Number) Totals 765 Minus

Under 3 YES/NO/BOTH NO Deduction: (10.67 x 11.58) + (13.75 x 2) + (x) + (x) = 178.56
Totals 123.56 55
Description kitchen (Columns walls)
x 2

Total 586.44 ÷ 35/30 = 16 OK for 16 children

Room: Library : (19 x 12.58) + (x) + (x) + (x) = 239.02
(Name/Number) Totals 239.02 Minus

Under 3 YES/NO/BOTH NO Deduction: (7 x 9) + (x) + (x) + (x) = 63
Totals 63
Description bedroom

Total 176.02 ÷ 35/30 = 5 OK for 5 children

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (66 x 100) + (x) + (x) = 6,600 ÷ 75 = 88
Under 3 YES/NO/BOTH NO Totals: 6,600 OK for 88 children
licensed for 27

Playground 2: (30 x 17) + (x) + (x) = 510 ÷ 75 = 6.8
Under 3 YES/NO/BOTH NO Totals: OK for 6 children
blue

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

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 2 Exclusive use for staff 1
*Total of sinks for children: 4

 TOTAL CAPACITY 27 INCLUDING 0 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)