



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oe.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	MILFORD PRESCHOOL				License Number	DCCC.16176	Date of Inspection	07/25/2024
					Expiration Date	2/28/2026	Time of Inspection	09:00 AM
Address	35 MATTHEWS ST MILFORD CT 06460-5065				Telephone	(203) 874-5666	Licensed Capacity	25
					Hours of Operation	MONDAY-FRIDAY 7:30AM-5:30PM	Infant/Toddler Capacity	0
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Minimum Age Served	3 years	Maximum Age Served	5 years
					Water Supply		Public Water	
					Program's Email	mpreschoollc@optimum.net		
Operator	MILFORD PRESCHOOL LLC				Name of Inspector	Bridget Merrill		
Director	MICHELLE L ZAWADSKI				Inspector's Email	bridget.merrill@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	0	# of Total Children Present	7	# of Staff Present	2	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

O	1. Local Health Inspection Date: 02/07/2022	Failed to maintain current local health inspection. Observed the health department inspection to be more than 2 years old.
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

<input type="radio"/>	5. Notification of Change	Failed to provide notification of change for change in Education consultant.	
<input checked="" type="checkbox"/>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time	
<input checked="" type="checkbox"/>	7. Daily Attendance Records- staff and children		
ITEMS POSTED – ACCESSIBLE			
<input checked="" type="checkbox"/>	8. License		
<input checked="" type="checkbox"/>	9. Fire Marshal certificate		
	Date	03/12/2024	
<input checked="" type="checkbox"/>	10. OEC Complaint procedure		
	11. Food Service Certificate	N/A?	
	Date	X	
<input checked="" type="checkbox"/>	12. Menus		
<input checked="" type="checkbox"/>	13. Emergency plans		
<input checked="" type="checkbox"/>	14. No Smoking Signs		
<input checked="" type="checkbox"/>	15. Radon Test	N/A?	
	Date	Results	
	12/07/2009	.2	
<input checked="" type="checkbox"/>	15a. Developmental Milestones		
<input checked="" type="checkbox"/>	15b. Access		
<input checked="" type="checkbox"/>	15bb. 32-36 mths enrolled in prek-permissions		
STAFFING 19a-79-4a			
<input checked="" type="checkbox"/>	15c. Staffing		
<input type="radio"/>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 1 staff whose physical expired 12/2023. Failed to maintain complete medical statement(s) for 1 staff whose physical doesn't contain the date of examination. Failed to maintain TB test(s) for 1 staff.	
<input type="radio"/>	17. Professional development	Failed to document professional development for all staff in 2023. Failed to document annual policy and procedure training for 4 staff in 2023.	
<input checked="" type="checkbox"/>	18. Disciplinary actions		
<input type="radio"/>	18b. Background checks	Failed to ensure 2 staff have completed background checks.	

X	19. Designated Head Teacher																									
X	20. Two Staff present																									
X	20a. Staff Qualities																									
X	21. Ratio: 1 staff to 10 children																									
X	21b. Supervision																									
X	22. Group Size – maximum 20 children																									
X	23. Designated director - Training																									
O	24. CPR Certified Staff (Group Home N/A)	Failed to ensure at least one CPR trained staff is present during all hours of operation. Observed all CPR trained staff certificates to have expired 1/2024.																								
O	25. First Aid Trained Staff	Failed to ensure at least one first aid trained staff is present during all operating hours, Observed all first aid trained staff certificates to have expired 1/2024.																								
O	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for the dental consultant. Observed the agreement to be more than 1 year old.																								
O	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs by health, social service & dental consultants. Observed all annual reviews by health, social service & dental consultants to be more than 1 year old.																								
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>O</td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td>O</td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td>O</td> <td>O</td> <td>O</td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X				O			Contracts			O			Logs	O	O	O		
Education	Health	Social Service	Dental	Dietician N/A?	X																					
			O																							
Contracts			O																							
Logs	O	O	O																							
	Do they take children swimming?	N SWIMMING																								
X	28. Non-swimmers identified																									
X	29. Staff/Child Ratios																									
X	30. CPR certified staff (20 years of age)																									
X	31. Lifeguard certified - supervision																									
RECORD KEEPING 19a-79-5a																										
X	32. Enrollment information																									
X	33. Emergency medical permission																									
X	34. Authorized release permission																									
X	35. Field trip permission																									
X	36. Transportation permission																									

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete immunization records for 1 child who is missing documentation of Varicella & for 2 children who are missing documentation of Flu vaccination.	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input type="radio"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit(s). Observed manual to be more than 5 years in print.	
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 03/07/2024	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails		
X	79. Pets – maintained, care plan	Y/N Y	
X	80. Operable CO detector on each level	N/A? Y	
X	81. Program space-adequate square footage per child		
X	82. Equipment clean, good repair, safe, non-toxic		
X	83. Cots stored, maintained, adequate number		
X	84. Developmentally appropriate equipment		
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N	
X	86. No weapons, no facsimile of a firearm on premises		
OUTDOOR SPACE			
X	87. Outdoor space - adequate square footage per child		
X	88. Impact absorbing material under equipment		
X	89. Playground free from hazards		
X	92. Equipment anchored, safely arranged		
X	93. Outdoor play area protected, fenced		
X	94. Drinking water available, accessible		
EDUCATIONAL REQUIREMENTS 19a-79-8a			
X	95. Written plan for daily program available to parents/staff		
X	96. Schedule – Activity choices and Program	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	
ADMINISTRATION OF MEDICATIONS 19a-79-9a			
X	97. Written policies, procedures		
X	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">N</td> </tr> </table>	O/T/I	Injectable	Y	N	
O/T/I	Injectable					
Y	N					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
No	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
	109. Approved endorsement					
	110. Ratio: 1 staff to 4 children					
	111. Group size: no larger than 8					
	112. Physical barriers, groups of 8 (indoors and outdoors)					
	113. Adequate sinks in program space					
	114. Free standing, well-constructed, safe cribs					
	115. Washable cots					
	116. Chairs for feeding, stable, safety straps, locking tray					
	117. Developmentally appropriate tables, chairs, equipment					
	118. Refrigerators and food prep facilities					

119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
120. Diaper area- washed, disinfected			
121. Diaper area- disposable paper sheets			
122. Covered waste receptacle			
123. Diaper changing policy posted, followed			
124. Hand washing policy posted, followed			
125. Individual storage of personal items			
126. Cribs/cots washed and disinfected			
127. Under 12 months- placed on back for sleeping			
128. Alternate sleep position- equipment, medical documentation	Yes	No	
129. Crib, bed used for infant sleeping			
130. Crib, bed free from observable hazards			
131. Infant toys separate, washed, disinfected daily			
132. No toys, objects less than 1/1/4” diameter			
133. Plastic bags, balloons, Styrofoam objects inaccessible			
134. Health consultant, doc. of visits			
135. Infants held for bottles, indiv. attention, tummy time			
136. Written statement, feeding schedule from parent			
137. Unused portions of liquids discarded			
138. Clean Bottles, disp. bottles, approved bottle washing			
139. Food served from dish or whole jar served			
140. Bottles individually identified with child’s name			

OUTDOOR PLAY SPACE - UNDER THREE

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
No	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS




	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 08/08/2024	 (Signature of Person in Charge)
Bridget Merrill (Printed Name)	 (Printed Name)		Michelle Zawadski (Printed Name)