



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

<b>Program Name</b>	<b>PUMPKIN PRESCHOOL OF WESTPORT</b>				<b>License Number</b>	<b>DCCC.14508</b>	<b>Date of Inspection</b>	<b>08/30/2024</b>
					<b>Expiration Date</b>	<b>7/31/2025</b>	<b>Time of Inspection</b>	<b>01:35 PM</b>
<b>Address</b>	<b>15 BURR RD WESTPORT CT 06880-4220</b>				<b>Telephone</b>	<b>(203) 226-1277</b>	<b>Total Capacity</b>	<b>111</b>
					<b>Days and Hours</b>	<b>MONDAY-FRIDAY 7:00AM-6:00PM</b>	<b>Under Three Capacity</b>	<b>56</b>
<b>#Children Present</b>	<b>62</b>	<b># Under 3 Present</b>	<b>32</b>	<b># Staff Present</b>	<b>17</b>	<b>Summer Care</b>	<b>Open</b>	
<b>Purpose of Investigation</b>	<b>Investigation 2024-908</b>				<b>Name of Inspector</b>	<b>Karen Hicks</b>		
<b>Program's Email</b>	<b>tw@pumpkinpreschool.com</b>				<b>Inspector's Email</b>	<b>karen.hicks@ct.gov</b>		

**SUBSTANTIATED VIOLATIONS OF REGULATIONS**

<b>VIOLATION</b>	<b>Statute - Regulation [19a-79-3a]</b>	<b>Description: 001b-Administration-Ensuring the safety, health &amp; development of children</b>
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(a)Failed to ensure the safety, health and development of the children when staff gave a child a food that contained an ingredient he was allergic to resulting in child having a reaction and requiring emergency medication.

<b>VIOLATION</b>	<b>Statute - Regulation [19a-79-9a(b)(3) and/or 19a-79-9a(b)(4)]</b>	<b>Description: 102-Oral/Topical/Inhalant/Injectable Medications: Authorized Prescriber/Parent Permission/MAR</b>
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Failed to maintain a written medication administration record when administration of epi pen was not documented on the MAR with child's medication.

<b>VIOLATION</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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<b>NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS</b>		
<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-79-5a(1)(D)(i)]	<b>Description:</b> 033-Emergency Medical Permission
Child's permissions were observed.		
<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-79-5a(2)(A) through (E)and/or19a-79-6a(e)]	<b>Description:</b> 037-Child Health Records/Immunizations/TB
Observed current child medical.		
<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-79-5a(2)(E)]	<b>Description:</b> 038-Individual Care Plan (Signed by Parent/Staff)
Individual plan of care observed with staff acknowledgement.		

<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-79-5a(a)(3)]	<b>Description:</b> 039-Injury/Illness/Accident Reports
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Observed illness report with parent signature.

<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-79-9a(b)(1) &/or 19a-79-9a(b)(2)]	<b>Description:</b> 101-Med Trained Staff/Certificates
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Observed evidence of staff trained on med administration.

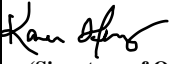


<b>STATUS:</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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<b>STATUS:</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

**NOTE:** Only the regulations marked as pending, substantiated or non-substantiated were monitored or discussed.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b> 09/13/2024	 (Signature of Person in Charge)
<b>Karen Hicks</b> (Printed Name)	 (Printed Name)		<b>Miriam Rodriguez</b> (Printed Name)