



## 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](mailto:oe.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>EARLY CHILDHOOD EDUCATION CENTER AT TEMPLE SINAI</b>				<b>License Number</b>	<b>DCCC.70656</b>		<b>Date of Inspection</b>	<b>09/03/2024</b>	
					<b>Expiration Date</b>	<b>8/31/2026</b>		<b>Time of Inspection</b>	<b>09:12 AM</b>	
<b>Address</b>	<b>458 LAKESIDE DR STAMFORD CT 06903-5021</b>				<b>Telephone</b>	<b>(203) 322-1649</b>		<b>Licensed Capacity</b>	<b>42</b>	
					<b>Hours of Operation</b>	<b>730-530pm m-fr</b>		<b>Infant/Toddler Capacity</b>	<b>24</b>	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>				<b>Summer Care</b>	<b>Open</b>	
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>5 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>ECEC@TEMPLESINAISTAMFORD.ORG</b>				
<b>Operator</b>	<b>TEMPLE SINAI</b>				<b>Name of Inspector</b>	<b>Lori Mangano</b>				
<b>Director</b>	<b>PHYLLIS LYONS</b>				<b>Inspector's Email</b>	<b>lori.mangano@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>12</b>	<b># of Total Children Present</b>	<b>20</b>	<b># of Staff Present</b>	<b>9</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		

#### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: 02/15/2024	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

#### ADMINISTRATION 19a-79-3a

<b>O</b>	<b>1b. Administration</b>	(a)Failed to ensure the safety, health and development of the children when one child required Benadryl for food allergy and Benadryl is not on site.
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>O</b>	6. Program policies	<p><b>Including discipline, supervision, child protection, general operating, personnel, closing time</b></p> <p><b>Failed to implement policies, plans and procedures when after diaper change in infant room it was observed that dirty changing paper was left on the changing table and table was not disinfected.</b></p>
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	04/22/2024
<b>X</b>	10. OEC Complaint procedure	
	11. Food Service Certificate	<u>N/A?</u>
	Date	X
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	<u>N/A?</u>
	Date	Results
	11/10/2021	1.4
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. 32-36 mths enrolled in prek-permissions	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																			
<input checked="" type="checkbox"/>	20. Two Staff present																			
<input checked="" type="checkbox"/>	20a. Staff Qualities																			
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																			
<input checked="" type="checkbox"/>	21b. Supervision																			
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children																			
<input checked="" type="checkbox"/>	23. Designated director - Training																			
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																			
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																			
<input type="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain complete consultant agreements for all consultants except education consultant.																		
<input checked="" type="checkbox"/>	27. Logs – Visits documented																			
	Not in Compliance?	<table border="1"> <tr> <td>Education</td> <td>Health</td> <td>Social Service</td> <td>Dental</td> <td>Dietician N/A?</td> <td>X</td> </tr> <tr> <td>Contracts</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X	Contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Logs					
Education	Health	Social Service	Dental	Dietician N/A?	X															
Contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Logs																				
	Do they take children swimming?	N SWIMMING																		
<input checked="" type="checkbox"/>	28. Non-swimmers identified																			
<input checked="" type="checkbox"/>	29. Staff/Child Ratios																			
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																			
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																			
<b>RECORD KEEPING 19a-79-5a</b>																				
<input checked="" type="checkbox"/>	32. Enrollment information																			
<input checked="" type="checkbox"/>	33. Emergency medical permission																			
<input checked="" type="checkbox"/>	34. Authorized release permission																			
<input checked="" type="checkbox"/>	35. Field trip permission																			
<input checked="" type="checkbox"/>	36. Transportation permission																			

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for 2 children when physicals expired 4-28-24 and 7-19-24.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when staff responsible for child's care did not sign ICP in preschool room.	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<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 checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
<b>PHYSICAL PLANT 19a-79-7a</b>			
<input type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building and equipment when furniture not secured in room 2 wood sink and ps room wood kitchen set. Gym has rainbow mat and navy blue mat with tears making it non-porous.	
<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?) 11/17/2023	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	
O	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when disinfectant spray on shelf in child hall bathroom and employee only closet not locked and multiple chemicals stored all over closet.
X	77. Garbage, rubbish disposed daily	

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

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

<b>X</b>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use					
<b>X</b>	120. Diaper area- washed, disinfected					
<b>X</b>	121. Diaper area- disposable paper sheets					
<b>X</b>	122. Covered waste receptacle					
<b>X</b>	123. Diaper changing policy posted, followed					
<b>X</b>	124. Hand washing policy posted, followed					
<b>X</b>	125. Individual storage of personal items					
<b>X</b>	126. Cribs/cots washed and disinfected					
<b>X</b>	127. Under 12 months- placed on back for sleeping					
<b>X</b>	128. Alternate sleep position- equipment, medical documentation	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><b>X</b></td> </tr> </table>	Yes	No		<b>X</b>
Yes	No					
	<b>X</b>					
<b>X</b>	129. Crib, bed used for infant sleeping					
<b>O</b>	130. Crib, bed free from observable hazards	Failed to ensure that soft surfaces and gas-trapping objects are not placed under or with an infant for sleeping when 3 cribs have sheets to loose and 1 has a crib sheet too tight and buckling the mattress. 2 babies sleeping with pacifiers with clips attached and one infant wearing gold chain while sleeping.				
<b>X</b>	131. Infant toys separate, washed, disinfected daily					
<b>X</b>	132. No toys, objects less than 1/1/4" diameter					
<b>X</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible					
<b>O</b>	134. Health consultant, doc. of visits	Failed to ensure the health consultant prepare and maintain signed documentation of visits when last log observed on file was 1/29/24. Director produced invoice only of other weekly visits.				
<b>X</b>	135. Infants held for bottles, indiv. attention, tummy time					
<b>X</b>	136. Written statement, feeding schedule from parent					
<b>X</b>	137. Unused portions of liquids discarded					
<b>X</b>	138. Clean Bottles, disp. bottles, approved bottle washing					
<b>X</b>	139. Food served from dish or whole jar served					
<b>X</b>	140. Bottles individually identified with child's name					

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	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	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

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

**ADDITIONAL VIOLATIONS**

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


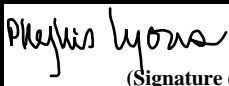
**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Smelled musty, moldy odor in lower level.  
 Cots and storage.  
 Recommended safe sleep training for all infant staff.  
 Gates at doors in under 3s rooms if doors are to be left opened.  
 One enrollment form with incomplete parent work address.  
 One accident report did not include "action taken" by staff.  
 Health consultant should not be pre-signing blank log sheets and kept on file.

**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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Lori Mangano</b> (Printed Name)	(Signature of OEC Representative)  (Printed Name)	<b>09/17/2024</b>	<b>Phyllis Lyons</b> (Printed Name)