

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

<b>Program Name:</b>	United Methodist Preschool	<b>Date of Inspection:</b>	12/19/24	<b>Time of Arrival:</b>	10:00
<b>Address:</b>	145 South Ave	<b>License Number:</b>	12378	<b>Expiration Date:</b>	12/31/28
<b>Town:</b>	New Canaan, CT	<b>Telephone Number:</b>	203-964-3174	<b>Summer Care:</b>	Closed
<b>Operator:</b>	United Methodist Church <sup>board of</sup> trustees	<b># of Staff Present:</b>	11	<b># over 3 Present:</b>	33
<b>Email:</b>	mnskids34@aol.com	<b>Total Capacity:</b>	68	<b>Total Under 3 capacity:</b>	8
<b>Designated Director:</b>	Carol Hammond	<b>Hours/Days of Operation:</b>	M-F 9:00-1:55		

**Instruction Codes:** N/A = Not applicable at this time    ✓ = Regulation in Compliance    0 = Regulation not in Compliance

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a		STAFFING and CONSULTANTS 19a-79-4a cont.	
<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: <u>10/8/24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>		<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> (d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Discipline policy	<input checked="" type="checkbox"/> 28. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 29. (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 30. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 31. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 32. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 33. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Documentation
<input type="checkbox"/> 13. (f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(2)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> (i)(2)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (e)(3)	License posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(5)	Menus posted		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(6)	OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted		

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	0	
Dietitian	-	-	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
United Methodist Preschool		12378	12/19/24
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. <u>PARENT PERMISSIONS</u> <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only-N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <u>TOILETING</u> <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 (schl age only) <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes-N/A) Staff personal articles inaccessible <u>AIR TEMPERATURE</u> <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F - 120 °F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number <u>LIGHTING</u> <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(17) Radon test- Results: <u>1.9</u> N/A Results posted-Date: <u>12/17/24</u> (Schl age-N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials		
HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A) <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only-N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10) <input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>10/8/24</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. <u>WATER SUPPLY</u> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>1/26/23</u> Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(A) Drinking water available/accessible <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <u>LEAD PAINT</u> - Peeling Paint - Y/N Inside/Outside Building Pre-78: 0/N Lead Test: 0/N Results <u>lead identified</u> <input checked="" type="checkbox"/> (c)(6)(A) Lead Management Plan <u>6 mos</u> <input checked="" type="checkbox"/> (c)(6)(B-D) <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME United Methodist Preschool LICENSE NUMBER 12378 DATE OF INSPECTION 12/11/24

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
  - (h)(1) Adequate space- 75 sq. ft. per child
  - (h)(2) Shock absorbing surfaces-minimum 8"
  - (h)(3) Playground free from hazards
  - (h)(4) Nuts, bolts, screws-tight, covered/protected
  - (h)(5) Outside equipment anchored-anchors buried
  - (h)(6) New equip- cert playg. Inspection upon request
  - (h)(8) Drinking water available/accessible
  - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCING**
  - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113.  (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114.  (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- WATER HAZARDS**
  - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
  - (i) Wading pools prohibited N/A
  - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129. **LINENS/CLOTHING**
  - (f)(1) Linens/emergency clothing available
  - (f)(2) Linens washed weekly or as needed
  - (f)(3) Linens/clothing stored individually
  - (f)(4) Cribs/cots cleaned-linens changed when shared
- 130. **SAFE SLEEP**
  - (g)(1) Under 12 mths placed on back for sleeping
  - (g)(1) Crib-slug fitting mattress/tightly fitted sheet
  - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
  - (g)(2) Infants allowed to adopt other sleep positions
  - (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
  - (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
  - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
  - (g)(6) Observe/assess infants at least every 15 minutes
  - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
  - (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys-separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4 " diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. **FEEDING**
  - (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
  - (k)(1) Written feeding schedule from parent-updated
  - (k)(2) Unused formula/milk discarded after feedings
  - (k)(3) Clean bottles/disposable bottles/appvd washing
  - (k)(4) Baby food served from dish or whole jar
  - (k)(5) Bottles labeled with child's name
- 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
- 139. (l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**
  - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
  - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 YN

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
  - (e)(1) Diaper area: elevated/sturdy/safety rail
  - (e)(2) Diaper area: used only for this purpose, located in the program area
  - (e)(3) Diaper area: non-porous surface/good repair
  - (e)(4) Diaper area: washed/disinfected after use
  - (e)(5) Diaper area: disposable paper sheets
  - (e)(6)(9) Covered waste receptacle-removed daily
  - (e)(7) Handwashing-staff/children
  - (e)(8) Diapering-Handwashing policies-posted/followed
  - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **SCHEDULE - ACTIVITIES**
- 142. (c)(1) Written daily program plan-flexible schedule-available to staff/parents
- (c)(2) Activities not a duplication of child's day
- (c)(2) Activities include cognitive, physical, social, emotional needs of the children
- (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

PROGRAM NAME: United Methodist Preschool LICENSE NUMBER: 12378 DATE OF INSPECTION: 12/19/24

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  MONITORING OF DIABETES 19a-79-13

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a  ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<u>n/a</u>	Plan conditions <u>N/A</u>

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	See page 5	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation		
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization		
<u>n/a</u>	Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>		

SIGNATURE OF OEC STAFF	<u>Kuorger</u>	SIGNATURE OF PERSON IN CHARGE	<u>Carol Hammond</u>
PRINTED NAME	<u>Kristi Morgan</u>	PRINTED NAME	<u>CAROL HAMMOND</u>

OEC DIVISION OF LICENSING Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)  
 Written Corrective Action Plan Due by: 1/19/24 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: United Methodist Preschool License # 12378 Date: 12/19/24

Observations/Corrections needed:

- 40 - 2 individual care plans not signed by 1 staff; 1 child with an allergy (no medication) without a care plan.
- 60 - 3<sup>rd</sup> first aid kit missing tweezers + a cpr barrier.
- 102 - Co detector not functioning on the 2<sup>nd</sup> level.
- 111 - Observed standing water in a water table on the 2<sup>nd</sup> playground.
- 121 - Sink in the 2<sup>nd</sup> not working.
- 140 - medication <sup>Administration Certificate</sup> ~~Authorization~~ forms missing & documentation of a general medication training.

Discussed:

- Program responsible to understand + comply with all new regulations in addition to existing regulations.
- program policies to be updated to reflect changes within the regulation.
- education + health consultant agreements to be updated to reflect new regulations.
- old complaint procedure posted.
- social service consultant log not current.
- 1 lunch box observed without an ice pack - cheese sticks inside.

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: Kristin Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carl Hamel  
(Person in Charge)

OEC BY: 1/9/24