

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

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

Name:	Chabad Gan of Greenwich	Date of Inspection:	1-6-25	Time of Arrival:	10:05am
Address:	75 Mason St	License Number:	15914	Expiration Date:	2-28-26
Town:	Greenwich	Telephone Number:	203 864-5486	Summer Care:	Open
Operator:	Chabad Lubovitch of Greenwich	# of Staff Present:	11	# over 3 Present:	34
Email:	greta@Chabadgreenwich.org	Total Capacity:	52	Total Under 3 capacity:	12
Designated Director:	Maryashle Deren	Hours/Days of Operation:	M-F 7:30am - 5:30pm		

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

1. (c)(8) Local Health Inspection-Date: 3-1-24

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
  - 20. (a)(3) Disciplinary actions
  - 21. (b) Comprehensive Background Checks
  - 22. (b)(4) Evidence of compliance
  - 23. (d) Adequate staffing
  - 24. (d)(1) Designated head teacher-approved-60%
  - 25. (d)(2) Two staff present-age 18 or older
  - 26. (d)(3)(A-C) Personal qualities of staff
  - 27. **RATIOS**
    - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
    - (d)(4)(B) Mixed age group-ratios
    - (d)(6) Nap time ratio
    - (d)(4)(D) Supervision-Indoors/Outdoors
  - 28. **GROUP SIZE**
    - (d)(5) Group Size-Indoors/Outdoors
    - (d)(5)(A) Group Size-school age field trips/outdoors
    - (d)(5)(B) Mixed age group-group size
  - 30. (e)(1) Designated director-training
  - 31. (f)(1) CPR certified program staff
  - 32. (f)(2) First aid certified program staff
  - 33. **PROFESSIONAL DEVELOPMENT**
    - (a)(2) Documentation
    - (h)(1)(2) Health & Safety training
    - (h)(1)(2) 1% annual hours
  - 34. **SWIMMING ACTIVITIES - Y6**
    - (4)(C)(ii-v) Swimming-Ratios
    - (4)(C)(i) Non-swimmers identified
    - (e)(6) CPR certified staff-age 20 or older
    - (e)(6) Lifeguard-certified-supervising
  - 35. **CONSULTANTS**
    - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
    - (i) Consultant agreements-signed annually
    - (4)(2)(A-H) Agreements complete w/required services
    - (F) Consultant logs-documented activities, observations and required services
    - (i)(2) Consultant visits- Education/Health
    - (H)(i)-(I)(i)
- |            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | NA        | NA   | NA     |

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<b>PROGRAM NAME</b> <u>Chabad Gan of Greenwich</u>	<b>LICENSE NUMBER</b> <u>15914</u>	<b>DATE OF INSPECTION</b> <u>1-6-25</u>
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**RECORD KEEPING 19a-79-5**

<input checked="" type="checkbox"/>	36. (a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37. <input checked="" type="checkbox"/> (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b> 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

**PHYSICAL PLANT 19a-79-7a cont.**

<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)
<input checked="" type="checkbox"/>	82.	<b>TOILETING</b>
	<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)
	(d)(11)	Staff personal articles inaccessible
	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
	<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
	(e)(3)	Water temperature 60°F - 120°F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(9)	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
	(e)(10)	Light fixtures shielded/shatter proof
	(e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(13)	Stairs-protected/good repair-handrails
	(e)(14-15)	Toxic plants/materials inaccessible
	(e)(16)	Pets or other animals-in good health, written care plan including access to children
	(e)(17)	Prevention of vermin-openings screened
	(e)(18)	Radon test- Results: <u>13</u> N/A
	(f)(1)(A)	Results posted-Date: <u>12-12-24</u> (Schls-N/A)
	(g)(1)	Carbon monoxide detector-each level N/A
	(g)(2)	Program space-adequate-35 sq. ft. per child
	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		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 <u>N/A</u>
<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. <input type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60. <input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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. <input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <u>4-24-24</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. <input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>9-13-24</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>	70. <input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan <u>every month</u>
<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** Chabad Gan of Greenwich **LICENSE NUMBER** 15919 **DATE OF INSPECTION** 1-6-25

**PHYSICAL PLANT 19a-79-7a 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. FENCES
  - (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. ROOFTOP PLAY AREAS
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier NA
  - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 NA
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible NA

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

- 129.
  - (f)(1)
  - (f)(2)
  - (f)(3)
  - (f)(4)
- 130.
  - (g)(1)
  - (g)(1)
  - (g)(1)
  - (g)(2)
  - (g)(3)
  - (g)(4)
  - (g)(5)
  - (g)(6)
  - (g)(7)
  - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136.
  - (j)
  - (k)(1)
  - (k)(2)
  - (k)(3)
  - (k)(4)
  - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

**LINENS/CLOTHING**  
 Linens/emergency clothing available  
 Linens washed weekly or as needed  
 Linens/clothing stored individually  
 Cribs/cots cleaned-linens changed when shared

**SAFE SLEEP**  
 Under 12 mths placed on back for sleeping  
 Crib-snug fitting mattress/tightly fitted sheet  
 Alternate sleep position/equipment-medical documentation for medical reason on file  
 Infants allowed to adopt other sleep positions  
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles  
 No unapproved sleeping-car seats/swings/beds, etc.  
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes  
 Observe/assess infants at least every 15 minutes  
 Teething necklaces/bracelets, jewelry inaccessible  
 Safe sleep policies posted/parents informed  
 Infant toys-separate/washed/sanitized daily  
 Toddler toys-washed/sanitized weekly  
 No toys/objects less than 1 1/4" diameter  
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision  
 Health consultant visits/documentation

**FEEDING**  
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle  
 Written feeding schedule from parent-updated  
 Unused formula/milk discarded after feedings  
 Clean bottles/disposable bottles/appvd washing  
 Baby food served from dish or whole jar  
 Bottles labeled with child's name  
 Outdoor spaced fenced-4 ft lic. after 1/1/25  
 Outdoor equipment-developmentally appropriate for ages of the children  
 Shock ab materials less than 1 1/2"-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 Y/N**

- 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

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

- 140. (b)
- 141. (c)
- 142.
  - (c)(1)
  - (c)(2)
  - (c)(3)
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

Approved Schl Age Endorsement

**SCHEDULE - ACTIVITIES**  
 Written daily program plan-flexible schedule-available to staff/parents  
 Activities not a duplication of child's day  
 Activities include cognitive, physical, social, emotional needs of the children  
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events  
 Ratio- 1:15  
 Group size- max. 30  
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent  
 Head teacher approved- 60%

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<b>PROGRAM NAME</b>	Chabad Gan of Greenwich	<b>LICENSE NUMBER</b>	15914	<b>DATE OF INSPECTION</b>	1-6-25
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**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<b>SLEEP PROVISIONS</b>		
NA <input type="checkbox"/> 153.	(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>	(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>	(b)(6)(B)	Required bedding
<input type="checkbox"/>	(b)(6)(C)	Required toiletries
<input type="checkbox"/>	(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>	(b)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/> 156.	(b)(10)	Local health approval

**MONITORING OF DIABETES 19a-79-13 Y/N**

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.	(b)(1)(A)	<b>STAFF TRAINING</b>
	(b)(1)(B)	Staff training - first aid
	(i)-(iii)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 173.	(b)(3)	Written documentation of training
	(c)(2)	Trained staff on site when child is present
	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>
	(a)(3)(A-B)	Admin/Parent permission/report errors
	(a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/> 160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned
	(b)(1)(D)	<b>MEDICATION TRAINING</b>
	(b)(1)(E)	Medication training-general-oral/top/inhalant
	(b)(1)(F)	Injectable premeasured autoinjector medication
	(b)(2)(A-B)	Rectal medication
	(b)(2)(C)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Training outline on file
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Labeling and Storage
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 168.	(b)(6)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 170.	(d)	Self-administration documentation
		Petition for special medication authorization
		Potassium Iodide (KI) emergency distribution-permission and storage

**ADDITIONAL VIOLATION**

<input type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
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**DISCUSSIONS - COMMENTS**

N/A

**SIGNATURE OF OEC STAFF**

*Cathy Anderson*

**PRINTED NAME**

Cathy Anderson

**SIGNATURE OF PERSON IN CHARGE**

*Greta Finkelstein*

**PRINTED NAME**

Greta Finkelstein

OEC DIVISION OF LICENSING  
 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 1-21-25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chabad Gan of Greenwich License # 15914 Date: 1-6-25

Observations/Corrections needed: Regulation not in compliance when:

- 21 - 1 staff working with children without a background check
- 28a Preschool Child in the Stairway without any supervision. The Child went downstairs to use the restroom and went to the main level alone.
- 35a Social Service agreement is expired
- 38 - 2 out of 8 child files has an expired child health record
- 40 - 1 care plan does not match dosage on the medication form.
- 161 - 1 form is incomplete (school form) and 2 forms have parent permission not complete.

Discussed  
New regulations

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 Adams  
(OEC Representative)  
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1-2-25

Signature: Greta Finkelstein  
(Person in Charge)  
Print Name: Greta Finkelstein