

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

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

Program Name:	Pumpkin Preschool of Shelton	Date of Inspection:	1/28/25	Time of Arrival:	8:15 AM
Address:	100 Beard Sawmill Rd.	License Number:	15125	Expiration Date:	3/31/26
Town:	Shelton, CT 06484	Telephone Number:	203-924-1800	Summer Care:	open
Operator:	Pumpkin Preschool of Shelton LLC	# of Staff Present:	15	# over 3 Present:	18
Email:	mz@pumpkinpreschool.com	Total Capacity:	112	Total Under 3 capacity:	64
Designated Director:	Melissa Zaccagnini	Hours/Days of Operation:	M-F 7:00 am - 6:00 pm		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = 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: 1/25/24

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)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors
GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising
CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

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

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

PROGRAM NAME	Pumpkin Preschool	LICENSE NUMBER	15725	DATE OF INSPECTION	1/28/25
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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.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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.		TOILETING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 chl age only
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		AIR TEMPERATURE
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only=N/A)
<input checked="" type="checkbox"/>	<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
<input checked="" type="checkbox"/>		LIGHTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<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)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		Radon test- Results: 3/24/02 N/A
<input checked="" type="checkbox"/>		Results posted-Date: 1.3 (Schl-N/A)
<input checked="" type="checkbox"/>		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(e)(18)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(2)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(3)	Developmentally appropriate
<input checked="" type="checkbox"/>	(g)(4)	

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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -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)	FIRST AID SUPPLIES -add'l 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 125104
<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)	WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 1/3/24
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.		Drinking water available/accessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		Results _____
<input checked="" type="checkbox"/>		Lead Management Plan _____
<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 Pumpkin Preschool		LICENSE NUMBER 15725	DATE OF INSPECTION 1/28/25
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.	
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> (f)(2)
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE	<input checked="" type="checkbox"/> (f)(3)
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> (f)(4)
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(1)
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(2)
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request	<input checked="" type="checkbox"/> (g)(3)
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(4)
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING	<input checked="" type="checkbox"/> (g)(6)
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (g)(7)
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> (g)(8)
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	(h)(1)
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> 114.		WATER HAZARDS	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> (i)(1)(2A-C)
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 130.
EDUCATIONAL REQUIREMENTS 19a-79-8a		<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> 132.
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 133.
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS	<input checked="" type="checkbox"/> 134.
	<input checked="" type="checkbox"/> (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	<input checked="" type="checkbox"/> 135.
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 136.
UNDER THREE ENDORSEMENT 19a-79-10 <input checked="" type="checkbox"/> Y/N		<input checked="" type="checkbox"/> (j)	<input checked="" type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> (k)(3)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> (k)(4)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	(l)(1)
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	(l)(2)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 137.
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 138.
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 139.
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	
<input checked="" type="checkbox"/> 128.		DIAPERING	
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area	
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair	
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use	
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets	
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily	
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children	
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed	
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed	
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y/N		<input checked="" type="checkbox"/> 140.	(b)
<input checked="" type="checkbox"/> 117.	(b)	Approved Schl Age Endorsement	<input checked="" type="checkbox"/> (c)
<input checked="" type="checkbox"/> 118.	(c)(2)	SCHEDULE - ACTIVITIES	<input checked="" type="checkbox"/> (c)(1)
<input checked="" type="checkbox"/> 119.	(c)(3)	Written daily program plan-flexible schedule-available to staff/parents	<input checked="" type="checkbox"/> (c)(2)
<input checked="" type="checkbox"/> 120.	(c)(4)	Activities not a duplication of child's day	<input checked="" type="checkbox"/> (c)(3)
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Activities include cognitive, physical, social, emotional needs of the children	
<input checked="" type="checkbox"/> 122.	(d)(2)(A-iii)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Ratio- 1:15	
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Group size- max. 30	
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Head teacher approved- 60%	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)		
<input checked="" type="checkbox"/> 128.			

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

PROGRAM NAME	Pumpkin Preschool	LICENSE NUMBER	15725	DATE OF INSPECTION	1/28/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<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.		<u>STAFF TRAINING</u>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B)	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.		<u>SLEEP PROVISIONS</u>			<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
		<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled				Equipment provided by parents
		<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
		<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants				Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	178.	(e)(2)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/>	179.	(e)(3)	

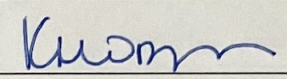
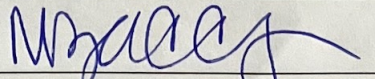
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions	
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			N/A		N/A

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

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: 2/11/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Preschool License # 15725 Date: 1/28/25

Observations/Corrections needed:

- 33- Observed 2 staff with less than 10% of total
annual hours worked documented for professional development.
- 39- Observed 1 child's health record missing immunizations.
- 40- Individual care plans not signed by all staff
responsible for the care of the child.
- 159 (a)(3)(c) - Observed 2 expired diaper creams.

Discussed:

- policies to be updated and/or created to reflect changes in the regulations.
- health + education consultant agreements to be updated to reflect changes in regulations.
- program responsible to understand + comply with all new regulations in addition to existing.
- 18F Aid kits to be complete - fixed during inspection.
- 1 unlabeled diaper cream

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)OEC BY: 2/11/25