

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



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

Little Spartans Preschool - GRAVEL STREET		2/24/25	10:35am
121 Gravel St.		70070	8/31/28
Meriden, CT 06450		203-379-2599	Open
Meriden YMCA INC	# of Staff Present:	# over 3 Present:	# under 3 Present:
ccattel@meridenymca.org	Total Capacity: 28	Total Under 3 capacity:	Ages Served: 3-5 yrs
Christine Ramezzana		M-F 7:00-5:30pm	

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

LICENSING REQUIREMENTS 13a-19-24		STAFFING AND CONSULTANTS 19-24	
<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: 9/19/24	<input type="checkbox"/> 19. (a)(1)	Staff health records
<b>ADMINISTRATION 24-34</b>		<input 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"/> (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> (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"/> (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> (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)(1)	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"/> (4)(C)(ii-v)	Documentation
<input checked="" 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 - X/N</b>
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (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
	OEC Inspection report posted or available		Consultant visits- Education/Health
	Developmental Milestones posted		Contracts Logs Visits

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>		
Health	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>		
Dietitian	<input checked="" type="checkbox"/>		

**CHILD CARE CENTER and GROUP HOME CARE HOME INSPECTION FORM - (Page 1)**

**PROGRAM NAME:** Little Spartans Preschool - 6214 K Street  
**LICENSE NUMBER:** 70070  
**DATE OF INSPECTION:** 2/24/25

**RECORD KEEPING 19a-79-7b**

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
  - (a)(1)(D)(i) Emergency medical permission
  - (a)(1)(D)(ii) Authorized release permission
  - (a)(1)(D)(iii) Field trip permission
  - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

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

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. **TOILETING**
  - (d)(10)(A) Shared toilets/sinks-supervision plan
  - (d)(10)(B) Toileting needs met
  - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
  - (d)(10)(C) Required toilets/sinks-1:16
  - (d)(10)(D) Required toilets/sinks-1:25 schl age only
  - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
  - (d)(10)(E) Handwashing staff/children
  - (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
  - (d)(10)(G) Well lighted/ventilated toilet rooms
  - (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
  - (d)(11) Staff personal articles inaccessible

**HEALTH and SAFETY 19a-79-6a**

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection 11/6/25 N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (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
- 61. (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- 83. (d)(11)
- 84. (e)(1)
- 85. (e)(1)
- 86. (e)(2)
- 87. (e)(3)
- 88. (e)(4)
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- 99. (e)(10)
- 100. (e)(11)
- 101. (e)(12)
- 102. (e)(13)
- 103. (e)(14-15)
- 104. (e)(16)
- 105. (e)(17)
- 106. (e)(18)
- 107. (f)(1)(A)

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

- 62. (a)(2) Fire marshal codes/certificate 1/30/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** Public Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 6/21/23
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(B-D) **LEAD PAINT** - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: \_\_\_\_\_
- 71. (d)(1) Lead Management Plan \_\_\_\_\_
- (d)(1) Emergency vehicle access

- 108. (g)(1)
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CHILD CARE CENTER - CHILD CARE HOME INSPECTION FORM

Little Spontana Preschool  
- 6740 E Street

7007D

2/24/25

PHYSICAL PLANT 19a-79-10

UNDER THREE ENDORSEMENT 19a-79-10

- 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
  - (j) 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-snug 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, etc.
  - (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
  - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
  - (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
  - (l)(3) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
- 137.
- 138.
- 139.

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

SCHOOL AGE ENDORSEMENT 19a-79-11 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)(A-i-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
  - (c)(1) Written daily program plan-flexible schedule-available to staff/parents
  - (c)(2) Activities not a duplication of child's day
  - (c)(3) Activities include cognitive, physical, social, emotional needs of the children
  - (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
  - (e) Ratio- 1:15
  - (f) Group size- max. 30
  - (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 142.
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- 146.

GTH SPREADING PRESCHOOL - BRADY STREET

70070

2/24/25

<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
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
<input type="checkbox"/>		(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

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

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**


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


**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action
			Plan conditions <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>

**DISCUSSIONS - COMMENTS**

"Policy review checklist provided during inspection highlighting changes to the child care regulations effective October 16, 24. Program must ensure policies are updated to reflect new requirement."

**SIGNATURE OF DEC STAFF**  
  
**PRINTED NAME**  
 Johanne Dalo

**SIGNATURE OF PERSON IN CHARGE**  
  
**PRINTED NAME**  
 Christine Ramezzani

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: 3/10/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Spontana Preschool - Grand Street License # 70070 Date: 2/24/25

Observations/Corrections needed:

→ Regulation was not in compliance when:

#5(b)(6): Observed 4 staff without documentation of annual policy training

#12(d)(1): Observed 7 occurrences, between 2/19-2/21, with no clean time times for staff.

#19(a)(1): Observed 4 staff without health records and 1 staff health record older than 3 years

#33(h)(2) Observed less than 1% of professional development for 3 staff

#35(i)(2)(A-H) Observed social service consultant agreement without the required services documented.

#40(a)(2)(E): Observed 1 individual case plan not signed by all staff out of 3

#62(a)(2): Observed expired fire marshal certificate

#86(e)(3): Observed water temp higher than 120 in child bathroom (measured 121.6)

#94(e)(9): Observed less than 50 c/f in writing area (measured 20.5)

#

Discussion:

→ Staff files on Site

→ Dirty ceiling vent in bathroom

→ Copy of signed Ed. consultant agreement on Site.

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: 

Print Name: Johanne Dalo (OEC Representative)

Signature: 

Print Name: Christine Ramazzani (Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/10/25