

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:	The Preschool @ Second Congregational Church	Date of Inspection:	3-6-25	Time of Arrival:	11am
Address:	139 East Putnam Ave	License Number:	16575	Expiration Date:	9-30-26
Town:	Greenwich	Telephone Number:	869-8388	Summer Care:	Closed
Operator:	The Preschool @ Second Congregational Church INC	# of Staff Present:	16	# over 3 Present:	51
Email:	info@thepreschoolgreenwich.com	Total Capacity:	79	Total Under 3 capacity:	16
Designated Director:	Alessandra Parelli	Hours/Days of Operation:	M-F 8:30am - 2:00pm		

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.																				
<p><input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10-1-24</p>	<p><input checked="" type="checkbox"/> 19. (a)(1) <input checked="" type="checkbox"/> 20. (a)(3) <input type="checkbox"/> 21. (b) <input checked="" type="checkbox"/> 22. (b)(4) <input checked="" type="checkbox"/> 23. (d) <input checked="" type="checkbox"/> 24. (d)(1) <input checked="" type="checkbox"/> 25. (d)(2) <input checked="" type="checkbox"/> 26. (d)(3)(A-C) <input type="checkbox"/> 27. <input checked="" type="checkbox"/> (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input type="checkbox"/> (d)(6) <input checked="" type="checkbox"/> 28. (d)(4)(D) <input type="checkbox"/> 29. <input checked="" type="checkbox"/> (d)(5) <input checked="" type="checkbox"/> (d)(5)(A) <input checked="" type="checkbox"/> (d)(5)(B) <input type="checkbox"/> 30. (e)(1) <input checked="" type="checkbox"/> 31. (f)(1) <input checked="" type="checkbox"/> 32. (f)(2) <input checked="" type="checkbox"/> 33. <input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (h)(1)(2) <input type="checkbox"/> (h)(1)(2) <input type="checkbox"/> (4)(C)(ii-v) <input checked="" type="checkbox"/> (4)(C)(i) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (i)(1)(A)-(D) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)(2)(A-H) <input checked="" type="checkbox"/> (F) <input checked="" type="checkbox"/> (i)(2) (H)(i)-(I)(i)</p>																				
<p>ADMINISTRATION 19a-79-3a</p> <p><input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children <input checked="" type="checkbox"/> 3. (b) Overall management of program <input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff <input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff <input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management <input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques <input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection <input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting <input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change <input checked="" type="checkbox"/> 11. <u>POLICIES-COMplete/IMPLEMENTED</u> <input checked="" type="checkbox"/> (d)(2)(A) Discipline policy <input checked="" type="checkbox"/> (d)(2)(B)-C) Child Protection policy <input checked="" type="checkbox"/> (d)(3) Closing time policy <input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy <input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill <input checked="" type="checkbox"/> (d)(5) Supervision policy <input checked="" type="checkbox"/> (d)(6) General Operating policies <input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy <input checked="" type="checkbox"/> (d)(7) Personnel policies <input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr. <input checked="" type="checkbox"/> 13. <u>ACCESS</u> <input checked="" type="checkbox"/> (f) Immediate access by parents <input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records <input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization <input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation <input checked="" type="checkbox"/> 16. (n) Capacity <input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents <input checked="" type="checkbox"/> 18. <u>POSTINGS</u> <input checked="" type="checkbox"/> (e)(1) License posted <input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted <input checked="" type="checkbox"/> (e)(3) Menus posted <input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances <input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available <input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted</p>	<p>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 <u>RATIOS</u> Ratio 1:10 - Indoors/Outdoors Mixed age group-ratios Nap time ratio Supervision-Indoors/Outdoors <u>GROUP SIZE</u> 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 <u>PROFESSIONAL DEVELOPMENT</u> Documentation Health & Safety training 1% annual hours <u>SWIMMING ACTIVITIES - Y/N</u> Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising <u>CONSULTANTS</u> 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</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Health</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Soc. Serv.</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Dietitian</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓	✓	Health	✓	✓	✓	Soc. Serv.	✓	✓	✓	Dietitian	N/A	N/A	N/A
	Contracts	Logs	Visits																		
Education	✓	✓	✓																		
Health	✓	✓	✓																		
Soc. Serv.	✓	✓	✓																		
Dietitian	N/A	N/A	N/A																		

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

PROGRAM NAME	The Preschool @ Second Congregation	LICENSE NUMBER	16575	DATE OF INSPECTION	3-6-25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F – 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials – labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: <u>2.0</u> N/A Results posted-Date: <u>11-16-07</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60. <input checked="" type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u> Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection <u>N/A</u> Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <input checked="" type="checkbox"/> FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 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"/> FIRST AID SUPPLIES -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) (d)(1)	Fire marshal codes/certificate <u>72924</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>8-22-24</u> Bact./Chem Test-Date: <u>N/A</u> Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>ILBP</u> Lead Management Plan <u>monthly</u> Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME The Preschool @ Second **LICENSE NUMBER** 16575 **DATE OF INSPECTION** 3-6-25

PHYSICAL PLANT 19a-79-7a cont. Congregational Church

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 play. 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 installed to protect from hazards-4 ft
 - (h)(7)(A) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(B) Rooftop play areas-6 ft. wall/barrier
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible

- 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
 - (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

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

- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

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)(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
 - (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) 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	The Preschool ^(a) Second Congregation	LICENSE NUMBER	16575	DATE OF INSPECTION	3-6-25
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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 checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement <i>Church</i>	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(c)(3)	Equipment provided by parents
<input checked="" type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
<input checked="" 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 checked="" type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>		(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<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"/>	155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	178.	(e)(3)	
<input checked="" type="checkbox"/>	156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/>	179.		

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 N/A
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				

<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS			
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<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Admin/Parent permission/report errors	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>			
<input checked="" type="checkbox"/>		(a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	MEDICATION TRAINING				
<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)(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 N/A				

SIGNATURE OF OEC STAFF	<i>Cathy Anderson</i>	<i>Alessandra Parelli</i>	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Cathy Anderson	Alessandra Parelli	PRINTED NAME

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <i>3-20-25</i> 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: The Preschool^(A) Second Congregational Church License # 16575 Date: 3-6-25

Observations/Corrections needed:

"Policy review checklist provided during inspection highlighting changes to the Child Care regulations, effective 10-16-24. Program must ensure policies are updated to reflect new regulations/requirements."

Regulation not in compliance when:

#63 - Room 9 has 9 Two year olds but the room is licensed for 8 under 3's

#66 - Child bathrooms - rust on radiators

#74 - Library room - window opened without a screen.

#111(c)(2) - back playground mulch measures 3"-6" under slides

(h)(3) - Back playground - metal drums have rust areas; wood border not secured, nail protruding and over 3's playground - swing hooks are rusty, garbage can top has rust; decubox top is cracked

~~#128(e)(3) - C (A)~~

Discussed

New regulations

Powerstrip not protected in library

1 Slide not anchored

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 Anderson
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: A. Parelli
(Person in Charge)

OEC BY: 3-6-25

Print Name: Alessandra Parelli