

**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:	Tender Years Preschool	Date of Inspection:	3/13/25	Time of Arrival:	9:00
Address:	9 Division St.	License Number:	13750	Expiration Date:	10/31/25
Town:	Naugatuck, CT 06770	Telephone Number:	203-729-6424	Summer Care:	Closed
Operator:	Tender Years Preschool Inc.	# of Staff Present:	3	# over 3 Present:	14
Email:	tenderyears@att.net	Total Capacity:	30	Total Under 3 capacity:	0
Designated Director:	Teresa Paternoster	Hours/Days of Operation:	M-F 9:00-3:00		

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.

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>1/22/24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
ADMINISTRATION 19a-79-3a	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11. POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 39. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff-keep 1 yr.	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44. (i)(1)(A-D)	Swimming-Ratios
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(1) License posted	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(3) Menus posted		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		

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

PROGRAM NAME: Tender Year Preschool LICENSE NUMBER: 13750 DATE OF INSPECTION: 3/13/25

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

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

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <u>(N/A)</u>
<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 <u>(Schl age only N/A)</u>
<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 <u>2/4/25</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 <u>(Schl age only)</u> <u>(N/A)</u>
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well <u>(Schools-N/A)</u>
<input checked="" type="checkbox"/> (c)(5)(A)		Lead Water Test - Date: <u>6/12/24</u>
<input checked="" type="checkbox"/> (c)(5)(B)		Bact./Chem Test-Date: <u>(N/A)</u>
<input checked="" type="checkbox"/> (c)(5)(C)		Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/> (c)(6)(A)		Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> (c)(6)(B-D)		Building Pre-78: Y/N Lead Test: Y/N Results <u>lead identified</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan <u>not done 1/2025</u>
		Emergency vehicle access

<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 <u>(Schl age only-N/A)</u>
<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 <u>(N/A)</u>
<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 <u>(Schl age only-N/A)</u>
<input checked="" type="checkbox"/> 82.		TOILETING
<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 <u>(Grp Homes N/A)</u>
<input checked="" type="checkbox"/> (d)(11)		Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)		AIR TEMPERATURE
<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)(2)		Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(3)		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)		Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)		Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)		Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)		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)(8)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(10)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(10)		Schl age only-lighting for comfort <u>(Schl)</u>
<input checked="" type="checkbox"/> (e)(11)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(12)		Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(13)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(14-15)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(16)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(17)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(18)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (f)(1)(A)		Radon test- Results: <u>.2</u> <u>N/A</u>
<input checked="" type="checkbox"/> (g)(1)		Results posted-Date: <u>1/20/24</u> <u>(Schl-N/A)</u>
<input checked="" type="checkbox"/> (g)(2)		Carbon monoxide detector-each level <u>N/A</u>
<input checked="" type="checkbox"/> (g)(3)		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(4)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Adequate equipment for rest-cleaned-cots <u>(Grp Homes-mats/sleeping bags)</u>
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Tender Years Preschool LICENSE NUMBER: 13750 DATE OF INSPECTION: 3/13/26

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

<input type="checkbox"/> 129.	(f)(1)	
	(f)(2)	
	(f)(3)	
	(f)(4)	
<input type="checkbox"/> 130.	(g)(1)	
	(g)(1)	
	(g)(1)	
	(g)(2)	
	(g)(3)	
	(g)(4)	
	(g)(5)	
	(g)(6)	
	(g)(7)	
	(g)(8)	
<input type="checkbox"/> 131.	(h)(1)	
<input type="checkbox"/> 132.	(h)(1)	
<input type="checkbox"/> 133.	(h)(2)	
<input type="checkbox"/> 134.	(h)(2)	
<input type="checkbox"/> 135.	(i)(1)(2A-C)	
<input type="checkbox"/> 136.		

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 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<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"/>	(b)	Limited access to screen time/video games

<input type="checkbox"/> 137.	(l)(1)	
<input type="checkbox"/> 138.	(l)(2)	
<input type="checkbox"/> 139.	(l)(3)	

<input type="checkbox"/> (j)	
<input type="checkbox"/> (k)(1)	
<input type="checkbox"/> (k)(2)	
<input type="checkbox"/> (k)(3)	
<input type="checkbox"/> (k)(4)	
<input type="checkbox"/> (k)(5)	

UNDER THREE ENDORSEMENT 19a-79-10 YA

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

SCHOOL AGE ENDORSEMENT 19a-79-11 YA

<input type="checkbox"/> 140.	(b)	
<input type="checkbox"/> 141.	(c)	
<input type="checkbox"/> 142.	(c)(1)	
	(c)(2)	
	(c)(3)	
<input type="checkbox"/> 143.	(d)	
<input type="checkbox"/> 144.	(e)	
<input type="checkbox"/> 145.	(f)	
<input type="checkbox"/> 146.	(g)	

Approved Schl Age Endorsement
<u>SCHEDULE - ACTIVITIES</u>
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%

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

PROGRAM NAME	Tender Years Preschool	LICENSE NUMBER	13750	DATE OF INSPECTION	3/13/25
---------------------	------------------------	-----------------------	-------	---------------------------	---------

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

<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153. <input checked="" type="checkbox"/> 154. <input type="checkbox"/> 155. <input type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
---	--	---	--	---	--

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
--	-----------------------------

<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input checked="" type="checkbox"/> 160. <input type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes 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	<input checked="" type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
---	---	---	--	----------	--

DISCUSSIONS - COMMENTS

- policies to be updated / created to reflect regulations adopted 10/2024

- program responsible to understand + comply with all new regulations in addition to existing regulations.

- all items checked are either in compliance or discussed.

SIGNATURE OF OEC STAFF	<i>Kristin Morgan</i>	SIGNATURE OF PERSON IN CHARGE	<i>Karen Hummel</i>
PRINTED NAME	Kristin Morgan	PRINTED NAME	Karen Hummel

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: 3/27/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Preschool License # 3/13/25 Date: 13750Observations/Corrections needed:

- ^{(c)(2)}
18 - Outdated Complaint procedure posted.
- 33 (h)(1)(2) - observed staff documenting less than 10% pd.
- 35 (i)(2)(A-H) - observed consultant agreements missing
new required duties.
- 36 - observed 2 children's files missing dates of enrollment; 2
missing parent work address.
- 48 - observed 2 lunches without ice packs (pizza, cheese + mac + cheese)
- 70 (c)(6)(B-D) - lead management plan missing documentation of
January 2024.
- 109 - observed 2 indoor trampolines without mats.
- 111 (h)(2) - observed less than 8" of impact absorbing material
under climbing equipment.
- (h)(3) - observed gate not closing properly.
- 161 - observed 2 expired med forms; 2 missing start + end
dates + 1 with an end date of "indefinite".

discussed:

- 1 Staff missing annual poisoning training
- 1 unlabeled benzoyl.
- Small amount of nor under girls bathroom sink.

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: Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kristi Morgan
(Person in Charge)OEC BY: 3/27/25