CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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:	International Preke Enchanted Garden	Date of Inspection:	3/13/25	Time of Arrival:	9:00
Address:	165 Danbury Rd	License Number:	70130	Expiration Date:	8/31/25
Town:	Ridgefield	Telephone Number:	(203)431-3350	Summer Care:	Open
Operator:	Enchanted Garden LLC	# of Staff Present:	2	# over 3 Present:	# under 3 Present: 0
Email:	judyegstudios@gmail.com	Total Capacity:	16	Total Under 3 capacity: 0	Ages Served: 3 to 5
Designated Director:	Issac Hirt-Manheimer	Hours/Days of Operation:	M-F 9-1:55		

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

☑ 1.	(c)(8)	Local Health Inspection-Date: 4/4/23	

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

STAFFING and CONSULTANTS 19a-79-4a cont.

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

	Contracts	Logs	Visits
Education	✓	✓	—
Health	✓	✓	✓
Soc. Serv.	X	✓	
Dietitian	n/a	n/a	

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

PROGRAM NAME	Enchanted Garden	LICENSE NUMBER	70130	DATE OF INSPECTION	3/13/25

RECORD KEEPING 19a-79-5

☑ 36.	(a)(1)(A-C)		Children's Enrollment information
☑ 37.			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

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 _____ (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-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

☑ 62.	(a)(2)	Fire marshal codes/certificate 3/5/25
☑ 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.		WATER SUPPLY – Public/Well (Schools-N/A)
	☑ (c)(5)(A)	Lead Water Test – Date: N/A 8/23/23
	☑ (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	☑ (c)(5)(C)	Drinking water available/accessible
☑ 70.		LEAD PAINT -
		Peeling Paint – Y/N Inside/Outside
	☑ (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
		Results _____
	☑ (c)(6)(B-D)	Lead Management Plan _____
☑ 71.	(d)(1)	Emergency vehicle access

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)
☑ 83.	(d)(11)	Staff personal articles inaccessible
☑ 84.		AIR TEMPERATURE
	☑ (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
☑ 85.		
	☑ (e)(1)	Air temp<65°F comfortable (Schl age only-N/A)
	☑ (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
☑ 86.	(e)(3)	Water temperature 60 °F – 120 °F
☑ 87.	(e)(4)	Portable space heaters prohibited
☑ 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
☑ 89.	(e)(5)	Rugs- not tripping/slipping hazard
☑ 90.	(e)(6)	Hot water/Steam pipes protected
☑ 91.	(e)(7)	Working phone on each level
☑ 92.	(e)(7)	Emergency numbers posted-adjacent to phones
☑ 93.	(e)(7)	Parents provided direct on site phone number
☑ 94.		LIGHTING
	☑ (e)(8)	All areas min. 1 foot candle of lighting
	☑ (e)(9)	Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible
	☑ (e)(9)	Schl age only-lighting for comfort
	☑ (e)(9)	Light fixtures shielded/shatter proof
☑ 95.	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
☑ 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
☑ 97.	(e)(12)	Stairs-protected/good repair-handrails
☑ 98.	(e)(13)	Toxic plants/materials inaccessible
☑ 99.	(e)(14-15)	Pets or other animals–in good health, written care plan including access to children
☑ 100.	(e)(16)	Prevention of vermin-openings screened
☑ 101.	(e)(17)	Radon test- Results: <4.0 N/A
		Results posted-Date: 3/22/18 (Schls-N/A)
☑ 102.	(e)(18)	Carbon monoxide detector-each level N/A
☑ 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
☐ 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
☑ 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
☑ 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
☑ 107.	(g)(4)	Developmentally app equipment, materials

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

PROGRAM NAME	Enchanted Garden	LICENSE NUMBER	70130	DATE OF INSPECTION	3/13/25

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

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

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

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

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

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

ADDITIONAL VIOLATION

☐ 180.	-	Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

policy review checklist provided during visit highlighting changes to the childcare center regulations effective October 16, 2024. Programs must ensure policies updated to reflect new regulations

technical assistance given on new Regulations

all items ✓ were either in compliance or discussed at visit.

SIGNATURE OF OEC STAFF	Jaime Fortin	Susan Rausa	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Jaime Fortin	Susan Rausa	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: 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/

November 2024

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Enchanted Garden License # 70130 Date: 3/13/25

Observations/Corrections needed:

19. 1 out of 3 staff physicals not current

21. 1 staff without comprehensive background checks (working on Medical exemption) cannot work in classroom until work supervised current or waiver approved)

35. (1)(2)(A-H) Consultant Agreements not current with required services

40. Care Plan not signed by staff

100(e)(11): Door open at arrival and during visit without screen.

108(a)(5): Little tykes jr. activity gym for back yard home use only- located indoors. Outdoor play equipment discussed

109(a)(6)- Indoor climber/slide without impact material.

111(b)(2)- 8 inches impact material not observed at bottom of slides (castles)

* 160(b)(1)A/C): Medication Certificate online 1 hour course- oral, topical ingredient not listed.

* b)(2)(A-D) no documentation of staff trained in injectables (requires immediate correction)

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: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/27/25

Signature: Susan Rausa (Person in Charge)

Print Name: Susan Rausa