

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Southern CT Hebrew Academy <i>Preschool</i>	LICENSE NUMBER	70133	DATE OF INSPECTION	4/3/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" 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 checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" 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 playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(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"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>			WATER HAZARDS
<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
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a			
<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10	Y/N
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<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	129.		Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(g)(1)	SAFE SLEEP
<input checked="" type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>		(g)(8)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/>	131.		TOYS AND OTHER OBJECTS
<input checked="" type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>		(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/>		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	135.		FEEDING
<input checked="" type="checkbox"/>	136.		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(j)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(1)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(2)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>		(k)(3)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>		(k)(4)	Bottles labeled with child's name
<input checked="" type="checkbox"/>		(k)(5)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.		Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Southern CT Hebrew Academy	LICENSE NUMBER	70133	DATE OF INSPECTION	4/3/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>
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<input type="checkbox"/> 145.	(f)	NA	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	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
<input type="checkbox"/> 146.	(g)		Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input type="checkbox"/> 147.	(b)		Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 148.	(b)(1)		Person in charge-head teacher	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 149.	(b)(2)		Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 150.	(b)(3)		Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 151.	(b)(4)		Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 152.	(b)(5)		Staff awake and available	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 153.			SLEEP PROVISIONS			
	(b)(6)		Individual cot/crib with bedding			
	(b)(6)(A)		Sleeping apparel/toiletries labeled			
	(b)(6)(B)		Required bedding			
	(b)(6)(C)		Required toiletries			
	(b)(6)(D)		Bedding/sleeping apparel laundered weekly			
	(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			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N <input checked="" type="checkbox"/>	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.			NONPRESC. TOPICAL MEDICATION			DISCUSSIONS/COMMENTS 1) New regulations 2) Policies checklist provided. Program must update all policies to reflect new regulations dated Oct. 2024 3) 1 employee without documentation of Health and safety training 4) Oversight policy must be posted 5) postings should be in a conspicuous place where staff and parents can easily see. 6) tiles around toilet in nursery 3B missing + dust build up on that vent 7) Green mesh fencing outside ripping in areas at bottom
	(a)(2)		Admin/Parent permission/report errors			
	(a)(3)(A-B)		Labeling and Storage			
	(a)(3)(C)		Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 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			
<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	Fil Montanye	Signature of person in charge	M Champagne
Printed Name	Fil Montanye	Printed Name	Michele Champagne

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: 4/17/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southern CT Hebrew Academy License # 70133 Date: 4/3/25

Observations/Corrections needed: Preschool
Program not in compliance with:

#85 consultant agreements when the required services per new regulations dated October 2024 were not part of their current agreements

#40 individual care plans when ^{3 (P)} ~~care plans call for inhaler in step 2 and listed on medication/doses on same form and no inhaler or order on site. School nurse calling doctors' offices during inspection for follow up.~~

#66 when - 2 radiator covers were loose in Nursery 3B,
- 1 radiator cover in PreK² had peeling paint
- 1 cabinet door in PreK² came off hinge
- 1 portion of radiator cover missing in Nursery 3A exposing sharp edges
- 1 cabinet in infant room peeling at base exposing particle board (porous)

#111 ^{(h)(2)} shock absorbing material within fall zones when 8 inches of shock absorbing material was not observed under ^(P) swings on main playground ^{and documentation for infant swings} train on toddler playground and on wooden house with ramps on front playground

(h)(4) - protruding screws when protruding screws were observed on gate to top under 3 playground and 2 protruding screws were observed on wooden driving equipment (back seat) area.

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: Fil Montagne
(OEC Representative)
Print Name: Fil Montagne

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/17/25

Signature: M Champagne
(Person in Charge)
Print Name: Michele Champagne

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southern CT Hebrew Academy Preschool License # 70133 Date: 4/13/25

Observations/Corrections needed:

#111 continued (h)(3) playground hazards when ramp to playgrounds from top step not in good repair when one corner is split (broken edge)
- chipping paint observed on driving equipment and broken picket toward back seat area
- turtle sand box top cracked in multiple places.

#111 Authorized prescriber when 1 order was not observed for 1 child with medication on site. (FM)

#27 nap time ratios when 3 infants were observed sleeping in nap room and no staff present in nap room 1 staff in main room with 2 infants that were awake.

#28 Supervision when 3 infants were observed sleeping with no staff present. not supervised by sight and sound at all times

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/17/25

Signature: [Signature]
(Person in Charge)
Print Name: Michele Champagne