

**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 Graver Preschool	Date of Inspection:	4-8-24	Time of Arrival:	10:15am
Address:	40 Arch St	License Number:	12299	Expiration Date:	11-30-28
Town:	Greenwich	Telephone Number:	869-4848 ²⁰³	Summer Care:	Open
Operator:	Family Centes INC	# of Staff Present:	9	# over 3 Present:	41
Email:	Chogan@familycenter.org	Total Capacity:	55	Total Under 3 capacity:	0
Designated Director:	Catherine Hogan	Hours/Days of Operation:	M-F 7:30am - 5:30pm		

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

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: 1-21-24

ADMINISTRATION 19a-79-3a

<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.	POLICIES-COMplete/IMPLEMENTED
<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.	ACCESS
<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 in prek-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.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)
<input checked="" type="checkbox"/> 10((g)(8)	Safe Sleep policy posted

STAFFING and CONSULTANTS 19a-79-4a

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

The Graver Preschool

LICENSE NUMBER

12299

DATE OF INSPECTION

4-9-23

RECORD KEEPING 19a-79-5a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) **PARENT PERMISSIONS**
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 10-1-24 (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (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
- (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
- (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 7-11-24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** -Public/Well (Schools-N/A)
Lead Water Test - Date: 12-22-22
- (c)(5)(B) Bact./Chem Test-Date: _____ (N/A)
- (c)(5)(C) Drinking water available/accessible
- 70. (c)(6)(A) **LEAD PAINT** -
Building Pre-78: Y/N Lead Test: Y/N
Results ICBP
- (c)(6)(B-D) Lead Management Plan _____
every 6 months
- Peeling Paint - Y/N Inside/Outside

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 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 and bedding
- 79. (d)(8) **SMOKING**
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- 81. (d)(8) Matches/lighters inaccessible
- 82. (d)(9) Electrical safety - outlets inaccessible - covered or protected
- (d)(10)(A) **TOILETING**
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)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located at the facility
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. (e)(1) **AIR TEMPERATURE**
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
- 86. (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 87. (e)(3) Water temperature 60°F-120°F
- 88. (e)(4) Portable space heaters prohibited
- 89. (e)(5) **WALLS/CEILING/FLOORS/RUGS**
Walls/ceilings/floors/rugs-clean/good repair
- 90. (e)(5) Rugs- not a tripping/slipping hazard
- 91. (e)(6) Hot water/Steam pipes protected
- 92. (e)(7) **TELEPHONE/TELEPHONE NUMBERS**
Working phone on each level
- 93. (e)(7) Emergency numbers posted-adjacent to phones
- 94. (e)(7) Parents provided direct on site phone number
- 95. (e)(8) **LIGHTING**
All areas min. 1 foot candle of lighting
- 96. (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- 97. (e)(9) Enough lighting for comfort
- 98. (e)(9) Light fixtures shielded/shatter proof
- 99. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 100. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 101. (e)(12) Stairs-protected/good repair-handrails
- 102. (e)(13) Toxic plants/materials inaccessible
- 103. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 104. (e)(16) Measures to prevent vermin
- 105. (e)(17) Radon test- Results: 2.95 (Schls-N/A)
- 106. (e)(18) Carbon monoxide detector-each level N/A
- 107. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	The Graver Preschool	LICENSE NUMBER	12299	DATE OF INSPECTION	4-8-25
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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.		<u>OUTDOOR SPACE</u>
		<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.		<u>OUTDOOR PROTECTED/FENCED</u>
		<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 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
		<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)	<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, 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

<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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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"/>	128.	(e)(2)	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input type="checkbox"/> (e)(3)	
		<input type="checkbox"/> (e)(4)	
		<input type="checkbox"/> (e)(5)	
		<input type="checkbox"/> (e)(6-9)	
		<input type="checkbox"/> (e)(7)	
		<input type="checkbox"/> (e)(8)	
		<input type="checkbox"/> (e)(10)(A-C)	
<input type="checkbox"/>	129.	<input type="checkbox"/> (f)(1)	
		<input type="checkbox"/> (f)(2)	
		<input type="checkbox"/> (f)(3)	
		<input type="checkbox"/> (f)(4)	
<input type="checkbox"/>	130.		<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
		<input type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u> 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 - parents informed
		<input type="checkbox"/> (g)(1)	
		<input type="checkbox"/> (g)(1)	
		<input type="checkbox"/> (g)(2)	
		<input type="checkbox"/> (g)(3)	
		<input type="checkbox"/> (g)(4)	
		<input type="checkbox"/> (g)(5)	
		<input type="checkbox"/> (g)(6)	
		<input type="checkbox"/> (g)(7)	
		<input type="checkbox"/> (g)(8)	
<input type="checkbox"/>	131.		<u>TOYS AND OTHER OBJECTS</u> 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
		<input type="checkbox"/> (h)(1)	
		<input type="checkbox"/> (h)(1)	
		<input type="checkbox"/> (h)(2)	
		<input type="checkbox"/> (h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	<u>FEEDING</u> 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)
<input type="checkbox"/>	136.		
		<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)	
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input 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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	The Graver Preschool	LICENSE NUMBER	12299	DATE OF INSPECTION	4-8-25
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SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	0	MONITORING OF DIABETES 19a-79-13	Y/N	0
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING
<input checked="" type="checkbox"/>	173.	(b)(1)(B)	Staff training – first aid
<input checked="" type="checkbox"/>	174.	(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>	175.	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	176.	(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>	177.	(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	178.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	179.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	180.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	181.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	182.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	183.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	184.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input checked="" type="checkbox"/>	153.	(b)(6)	SLEEP PROVISIONS
<input checked="" type="checkbox"/>	154.	(b)(6)(A)	Individual cot/crib with bedding
<input checked="" type="checkbox"/>	155.	(b)(6)(B)	Sleeping apparel/toiletries labeled
<input checked="" type="checkbox"/>	156.	(b)(6)(C)	Required bedding
<input checked="" type="checkbox"/>	157.	(b)(6)(D)	Required toiletries
<input checked="" type="checkbox"/>	158.	(b)(6)(E)	Bedding/sleeping apparel laundered weekly
<input checked="" type="checkbox"/>	159.	(b)(7)	Sleep arrangements for infants
<input checked="" type="checkbox"/>	160.	(b)(8)	Air temp 65 °F at 3 ft
<input checked="" type="checkbox"/>	161.	(b)(9)	Fire marshal approval-hours specified
<input checked="" type="checkbox"/>	162.	(b)(10)	Local health approval

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

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION
<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Admin/Parent permission/report errors
<input checked="" type="checkbox"/>	161.	(a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/>	162.	(b)(1)(A/C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	163.	(b)(1)(D)	MEDICATION TRAINING
<input checked="" type="checkbox"/>	164.	(b)(1)(E)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>	165.	(b)(1)(F)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>	166.	(b)(2)(A-B)	Rectal medication
<input checked="" type="checkbox"/>	167.	(b)(2)(C)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>	168.	(b)(3)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>	169.	(b)(3)(D)	Training outline on file
<input checked="" type="checkbox"/>	170.	(b)(4)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	171.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	172.	(b)(5)(C)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	173.	(b)(5)(D)	Labeling and Storage
<input checked="" type="checkbox"/>	174.	(b)(5)(E)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	175.	(b)(6)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	176.	(b)(7)(A-B)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	177.	(d)	Self-administration documentation
<input checked="" type="checkbox"/>	178.	(d)	Petition for special medication authorization
<input checked="" type="checkbox"/>	179.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	Cathy Anderson
Printed Name	Cathy Anderson

Signature of person in charge	Christopher Argotta
Printed Name	Christopher Argotta

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: 4-24-25	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: The Grover Preschool License # 12299 Date: 4-8-25

Observations/Corrections needed:

Regulation not in compliance when:
#40 - Care plan on site does not match dosage and medication type different than the Child's medication form.
#88 - Wall by cots in Koala Bears is peeling paint and window sills on main level are peeling paint

Discussed:

New regulations, provided policy checklist. Program must ensure all regulations are in compliance.
front door - 2 screws are protruding
Little Learners - refrigerator seal is unclear and 1 bookshelf not secured
1 pipe exposed behind play equipment (may become a tripping hazard)

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: Christopher Angotto
(Person in Charge)

OEC BY: 4-24-25

Print Name: Christopher Angotto