

**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:	Play School Pre-K Learning Center	Date of Inspection:	4-9-25	Time of Arrival:	9:15
Address:	3 Trumbull place	License Number:	12685	Expiration Date:	2-28-29
Town:	North Haven 06473	Telephone Number:	203-339-2199	Summer Care:	Closed
Operator:	St. John's Episcopal Church	# of Staff Present:	4	# over 3 Present:	22
Email:	wantello@gmail.com	Total Capacity:	35	Total Under 3 capacity:	0
Designated Director:	Wendy Cintello	Hours/Days of Operation:	M, W, F 8:15-3:15 M, F, T, Th 8:15-12:30		

Instruction Codes:  = Regulation in Compliance    0 = 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**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: <u>3-11-25</u>
<b>ADMINISTRATION 19a-79-3a</b>		
<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.		<b>POLICIES-COMplete/IMPLEMENTED</b>
<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 type="checkbox"/>	(d)(6)(C)	Administrative Oversight policy
<input 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.		<b>ACCESS</b>
<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.		<b>POSTINGS</b>
<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.		<b>RATIOS</b>
<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.		<b>GROUP SIZE</b>
<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.		<b>PROFESSIONAL DEVELOPMENT</b>
<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.		<b>SWIMMING ACTIVITIES - Y/N</b>
<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.		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/>	(i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/>	(i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/>	(F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/>	(i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/>	(H)(i)-(I)(i)	

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

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Play School Pre-k Learning Center	<b>LICENSE NUMBER</b>	12685	<b>DATE OF INSPECTION</b>	4-9-25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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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 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)	<b>Children's Enrollment information</b> <b>PARENT PERMISSIONS</b> 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"/> 71. <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"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7)  <input checked="" type="checkbox"/> (d)(8)  <input checked="" type="checkbox"/> (d)(8) (d)(9)  <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input type="checkbox"/> (d)(10)(H) (d)(11)  <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.  <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 type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected <b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough 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 Measures to prevent vermin Radon test- Results: <u>0.5</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, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-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.	(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) (c)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.	(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) (c)
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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.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3) (c)(4) <input checked="" type="checkbox"/> (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)	Fire marshal codes/certificate <u>9-10-24</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 Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>2-19-25</u> Bact./Chem Test-Date: (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>management plan</u> Lead Management Plan _____  Peeling Paint - <u>Y/N</u> Inside/Outside	<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 type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4)  <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6)  <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)  <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)  <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)  <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 type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Play School Pre-K Learning	<b>LICENSE NUMBER</b>	12685	<b>DATE OF INSPECTION</b>	4-9-25
<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input type="checkbox"/> (e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	NA	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>		<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/ followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCED</b>	<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<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"/> (g)(2)	Crib-slug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> 114.		<b>WATER HAZARDS</b>		<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- (N/A)		<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>				<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>		<input type="checkbox"/> (h)(1)	Safe sleep policies - parents informed
	<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 type="checkbox"/> (h)(2)	<b>TOYS AND OTHER OBJECTS</b>
	<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	<input type="checkbox"/> 135.	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
			<input type="checkbox"/> 136.	<input type="checkbox"/> (i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
				<input type="checkbox"/> (j)	No toys/objects less than 1 1/4 " diameter
				<input type="checkbox"/> (k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input type="checkbox"/> (k)(2)	Health consultant visits/documentation
				<input type="checkbox"/> (k)(3)	<b>FEEDING</b>
				<input type="checkbox"/> (k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input type="checkbox"/> (k)(5)	Written feeding schedule from parent-updated
			<input type="checkbox"/> 137.	<input type="checkbox"/> (l)(1)	Unused formula/milk discarded after feedings
				<input type="checkbox"/> (l)(2)	Clean bottles/disposable bottles/appvd washing
			<input type="checkbox"/> 138.	<input type="checkbox"/> (l)(3)	Baby food served from dish or whole jar
					Bottles labeled with child's name
			<input type="checkbox"/> 139.		Outdoor spaced fenced-4 ft (lic. after 1/1/25)
					Outdoor equipment-developmentally appropriate for ages of the children
<b>UNDER THREE ENDORSEMENT 19a-79-10</b> Y/N					Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<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.		<b>DIAPERING</b>			
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
			<input type="checkbox"/> 141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
				<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
				<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
				<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
			<input type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
			<input type="checkbox"/> 144.	(e)	Ratio- 1:15
					Group size- max. 30
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N					

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>		Play School Pre-k Learning		<b>LICENSE NUMBER</b>	12685	<b>DATE OF INSPECTION</b>	4-9-25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>				<b>MONITORING OF DIABETES 19a-79-13</b>			
Y/N				Y/N			
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent		<input checked="" type="checkbox"/> 171.	(a)(1)	<b>Written policies and procedures</b> <b>STAFF TRAINING</b> 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)		
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>				Y/N			
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement		<input checked="" type="checkbox"/> 173.	(c)(3)		
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		<input checked="" type="checkbox"/> 174.	(d)(1)		
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> 175.	(d)(2)		
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> 176.	(d)(3)		
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> 177.	(e)(1)		
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> 178.	(e)(2)		
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>		<input checked="" type="checkbox"/> 179.	(e)(3)		
<input type="checkbox"/>	(b)(6)	Individual cot/crib with bedding					
<input type="checkbox"/>	(b)(6)(A)	Sleeping apparel/toiletries labeled					
<input type="checkbox"/>	(b)(6)(B)	Required bedding					
<input type="checkbox"/>	(b)(6)(C)	Required toiletries					
<input type="checkbox"/>	(b)(6)(D)	Bedding/sleeping apparel laundered weekly					
<input type="checkbox"/>	(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					
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>				<b>ADDITIONAL VIOLATION</b>			
Y/N				Y/N			
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures		<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions	
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes		<input checked="" type="checkbox"/> NA		(N/A)	
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>		<b>DISCUSSIONS/COMMENTS</b> all items checked have been observed or discussed - provided copy of new OEC complaint procedure - Policy review checklist provided during inspection, highlighting changes to the child care center regulations, effective 10/16/24 Program must ensure policies are updated to reflect new reqs NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/>	(a)(2)	Admin/Parent permission/report errors					
<input checked="" type="checkbox"/>	(a)(3)(A-B)	Labeling and Storage					
<input checked="" type="checkbox"/>	(a)(3)(C)	Unused/expired meds destroyed/returned					
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>					
<input checked="" type="checkbox"/>	(b)(1)(A/C)	Medication training-general-oral/top/inhalant					
<input checked="" type="checkbox"/>	(b)(1)(D)	Injectable premeasured autoinjector medication					
<input checked="" type="checkbox"/>	(b)(1)(E)	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)					
<b>Signature of OEC staff</b>		Jennifer Schuch		<b>Signature of person in charge</b>		Wendy Civitello	
<b>Printed Name</b>		Jen Schuch		<b>Printed Name</b>		Wendy Civitello	
<b>OEC DIVISION OF LICENSING</b>				Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103				<b>Written Corrective Action Plan</b>		<b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>	
Help Desk: (800)282-6063 or (860)500-4450				Due by: 4.23.25			
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>							

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Play School Pre-k Learning Center License # 12685 Date: 4.9.25

Observations/Corrections needed:

- #21 (b) Comprehensive background checks not current or work supervised status in BCIS, staff without complete background checks for 2 out of 5 staff files reviewed
- #33 (h)(1) observed 4 out of 5 staff without completion/documentation of required health and safety training
- #35 (i)(1)(2)(A-H) observed current consultant agreements to not include required services.
- #40 individual care plan not observed for 1 child with diagnosis of mild/persistent asthma on current health record.
- #47 observed snack served to include only 1 component/food group, not in accordance of food code.

reviewed new reqs

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: Jennifer Schultz  
(OEC Representative)  
Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4.23.25

Signature: Wendy Civitello  
(Person in Charge)  
Print Name: Wendy Civitello