



**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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:	Child Works Pre-School	Date of Inspection:	5/8/2023	Time of Arrival:	10AM
Address:	3 Garvin St.	License Number:	14007	Expiration Date:	8/31/2025
Town:	New London, CT. 06320-5613	Telephone Number:	860-443-4462	Summer Care:	Open
Operator:	Shiloh Development Corp Inc.	# of Staff Present:	3	# over 3 Present:	15
Email:	childworkspreeschool@shilohnl.complex.org	Total Capacity:	20	Total Under 3 capacity:	0
Designated Director:	Cynthia Watts	Hours/Days of Operation:	Monday-Friday 7AM-5PM		

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

STAFFING and CONSULTANTS 19a-79-4a

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10/18/2023	<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. (d)(4)(A)	RATIOS																				
	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 27. (d)(4)(C)	Mixed age group																				
	<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio																				
	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE																				
	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors																				
	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors																				
	<input checked="" type="checkbox"/> 30. (e)(1)	Mixed age group-group size																				
	<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training																				
	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff																				
	<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff																				
	<input checked="" type="checkbox"/> 34. (h)(1)	PROFESSIONAL DEVELOPMENT																				
	<input checked="" type="checkbox"/> 34. (h)(2)	Documentation of prof. dev/trainings																				
	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training																				
	<input checked="" type="checkbox"/> 34. (4)(C)(i)	1% annual hours																				
	<input checked="" type="checkbox"/> 34. (e)(6)	SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> 34. (e)(6)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified																				
	<input type="checkbox"/> 35. (i)(2)(A-H)	CPR certified staff-age 20 or older																				
	<input type="checkbox"/> 35. (F)	Lifeguard-certified-supervising																				
	<input checked="" type="checkbox"/> 35. (i)(2)	CONSULTANTS																				
	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
		Consultant agreements-signed annually-agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td align="center">0</td> <td align="center">0</td> <td></td> </tr> <tr> <td>Health</td> <td align="center">✓</td> <td align="center">✓</td> <td></td> </tr> <tr> <td>Soc. Serv.</td> <td align="center">0</td> <td align="center">0</td> <td></td> </tr> <tr> <td>Dietitian</td> <td align="center">N/A</td> <td align="center">N/A</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	0	0		Health	✓	✓		Soc. Serv.	0	0		Dietitian	N/A	N/A	
	Contracts	Logs	Visits																			
Education	0	0																				
Health	✓	✓																				
Soc. Serv.	0	0																				
Dietitian	N/A	N/A																				

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Child Works Pre-School	LICENSE NUMBER	14007	DATE OF INSPECTION	5/8/2025
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors--locking devices, spring protectors (N/A)
<input type="checkbox"/> 38.	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input type="checkbox"/> 39.	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 40.	(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/> 41.	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81.	(d)(9)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 42.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.		Matches/lighters inaccessible
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality			Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			TOILETING
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days			Shared toilets/sinks--supervision plan

HEALTH and SAFETY 19a-79-6a	
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<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration--41 degrees		(d)(10)(C)	Required toilets/sinks--1:16
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus--1 wk in advance- keep 3 mths		(d)(10)(E)	Toileting Supplies--Hand drying-Garbage
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 86.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 87.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/> 88.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep		(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing--staff/children		(e)(2)	Air temp 65 °F at 3 ft--non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures--staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 89.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 90.	(e)(4)	Water temperature 60°F--120°F
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 91.	(e)(5)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier		(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 94.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
				(e)(7)	Rugs- not a tripping/slipping hazard
				(e)(7)	Hot water/Steam pipes protected
				(e)(7)	TELEPHONE/TELEPHONE NUMBERS
				(e)(7)	Working phone on each level
				(e)(7)	Emergency numbers posted-adjacent to phones
				(e)(7)	Parents provided direct on site phone number
				(e)(8)	LIGHTING
				(e)(9)	All areas min. 1 foot candle of lighting
				(e)(9)	Adequate lighting--30/50 candle feet--sufficient lighting to be visible
			<input checked="" type="checkbox"/> 95.	(e)(10)	Enough lighting for comfort
			<input checked="" type="checkbox"/> 96.	(e)(11)	Light fixtures shielded/shatter proof
			<input checked="" type="checkbox"/> 97.	(e)(12)	Potentially hazardous substances, materials labeled, inaccessible
			<input checked="" type="checkbox"/> 98.	(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
			<input checked="" type="checkbox"/> 99.	(e)(14-15)	Stairs-protected/good repair-handrails
			<input checked="" type="checkbox"/> 100.	(e)(16)	Toxic plants/materials inaccessible
			<input checked="" type="checkbox"/> 101.	(e)(17)	Pets or other animals--in good health, written care plan including access to children
			<input checked="" type="checkbox"/> 102.	(e)(18)	Measures to prevent vermin
			<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Radon test- Results: <u>7</u> (Schls-N/A)
			<input checked="" type="checkbox"/> 104.	(g)(1)	Carbon monoxide detector--each level N/A
			<input checked="" type="checkbox"/> 105.	(g)(2)	Program space--adequate-35 sq. ft. per child
			<input checked="" type="checkbox"/> 106.	(g)(3)	Equipment--clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
			<input checked="" type="checkbox"/> 107.	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes only--mats/sleeping bags)
					Air conditioners/water heaters/fuse boxes inaccessible
					Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a	
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<input type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4/18/2023</u>			
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/ approved	<input checked="" type="checkbox"/> 95.	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips--written parent permission	<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals--in good health, written care plan including access to children
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 100.	(e)(16)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>2/5/2025</u>	<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: <u>7</u> (Schls-N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector--each level N/A
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space--adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N <u>Y/N</u> Lead Test: Y/N <u>Y/N</u> Results _____	<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment--clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____	<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only--mats/sleeping bags)
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
			<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Child Works Pre-School LICENSE NUMBER 14007 DATE OF INSPECTION 5/3/2005

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> N/A	<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> 130.	<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	Crib-slug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING	<input type="checkbox"/> N/A	<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<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)(8)	Safe sleep policies posted/parents informed
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114.		WATER HAZARDS	<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)	<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited (N/A)	<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	Plastic bags/halloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	Health consultant visits/documentation
EDUCATIONAL REQUIREMENTS 19a-79-8a			<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	FEEDING
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/> N/A	<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity	<input type="checkbox"/> 137.	<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input type="checkbox"/> 138.	<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
			<input type="checkbox"/> 139.	<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
				<input type="checkbox"/> (l)(1)	Bottles labeled with child's name
				<input type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
				<input type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
					Shock ab materials less than 1 1/4" or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122.	(d)(2)(A1-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input type="checkbox"/> 128.		DIAPERING			
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair			
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use			
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			

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

PROGRAM NAME	Child Works Pre-School	LICENSE NUMBER	14007	DATE OF INSPECTION	5/8/2025
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input checked="" type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153. <input checked="" type="checkbox"/> 154. <input checked="" type="checkbox"/> 155. <input checked="" type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input type="checkbox"/> 160. <input type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage N/A	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

Discussed new regulations and provided information on accessing October 2024 regulations and sample policy/procedure/plans as well as coordinating checklist to be used when updating policies. Observed must on top rail of fencing by sandbox

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	BUDGET L. HEGGEN	Cynthia C. Watts	

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: 5/22/2025 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: Childworks Pre-School License # 14007 Date: 5/21/2025

Observations/Corrections needed:

- # 21(b): observed ~~2~~ staff without documentation of current/complete background checks
- # 35(i)(1)(2)(A-H): observed Education and social service consultant agreements to be more than 1 year old, observed all consultant agreements to be missing language as specified in October 2024 regulations
- # 35(F): observed Education and social service consultant logs/policy reviews to be more than 1 year old
- # 39(a)(2)(C): observed no documentation of Flu vaccination for 1 child
- # 40(a)(2)(E): observed no action care plan for child with Epi-Pen, no parent signature on action plan for 1 child with Asthma and action plan for child with Seizures can't be followed as written and doesn't include administration of Tylenol
- # 62(a)(2): observed fire marshal certificate to be more than 2 years old
- # 161(b)(3)(A-B): observed authorization of Tylenol and Albuterol and Epi-Pen on public School forms
- # 160(b)(2)(C): observed medications training outline to be unavailable

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: BRENDA HERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/22/2025

Signature: [Signature]
(Person in Charge)
Print Name: Cynthia C. Watts