

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

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Facility Name:	Temple Shalom Preschool	Date of Inspection:	5.8.25	Time of Arrival:	8:47am
Address:	259 Richards Ave	License Number:	Pending	Expected Date:	Pending
City:	Norwalk	Telephone Number:	703 866-0148	Business Hours:	Open
Operator:	Temple Shalom of Norwalk, Inc	# of Staff Present:	1	# over 3 Present:	0
Contact:	lfeclim@tempeshalomweb.org	Total Capacity:	80/39	Total Under 3 capacity:	34
Staff:	Stacey Cohen	Hours/Day Operation:		# under 3 Present:	0
				Ages Served:	0w-5yrs

0 = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTANTS 19a-79-2b**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 4.15.24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b)	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 28.	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 29.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 34.	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (a)(2)	Health & Safety training
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (h)(1)	1% annual hours
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (h)(2)	SWIMMING ACTIVITIES - W/N
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (i) -	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> (H)(i)-(1)(i)	Contracts Logs Visits
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		Education / / /
		Health / / /
		Soc. Serv. / / /
		Dietitian N/A N/A /

Temple Shalom Preschool

pending

5.8.25

RECORDS

PHYSICAL PLANT

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	(a)(1)(D)(i)	PARENT PERMISSIONS
	(a)(1)(D)(ii)	Emergency medical permission
	(a)(1)(D)(iii)	Authorized release permission
	(a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases Video recordings- keep 30 days

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	SMOKING
	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	(d)(9)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH AND SAFETY 19-79-64

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
	AIR TEMPERATURE
<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	LIGHTING
<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(10)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(10)	Enough lighting for comfort
<input checked="" type="checkbox"/> (e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(12)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(17)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(18)	Measures to prevent vermin
<input checked="" type="checkbox"/> (f)(1)(A)	Radon test- Results: 0.4 (Schls-N/A)
<input checked="" type="checkbox"/> (g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> (g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19-79-74

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 10.20.24
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: 9/12/24
	(c)(5)(C)	Bact./Chem Test-Date: 9/12/24 (N/A)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: NO Lead
		Lead Management Plan _____
		Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Temple Shalom Preschool	LICENSE NUMBER HND00V	DATE OF INSPECTION 5/8/25
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PHYSICAL PLANT REQUIREMENTS 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 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 type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input type="checkbox"/> (h)(3)	Playground free from hazards
	<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play, 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.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Roof top play areas-6 ft. wall/barrier (N/A)
	<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 (N/A)
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

<input type="checkbox"/> 128.	(e)(2)	DIAPERING cont. 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 LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 TOYS AND OTHER OBJECTS 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 FEEDING 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) 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
	<input type="checkbox"/> (e)(3)	
	<input checked="" type="checkbox"/> (e)(4)	
	<input checked="" type="checkbox"/> (e)(5)	
	<input checked="" type="checkbox"/> (e)(6-9)	
	<input checked="" type="checkbox"/> (e)(7)	
	<input checked="" type="checkbox"/> (e)(8)	
	<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	
	<input checked="" type="checkbox"/> (f)(2)	
	<input checked="" type="checkbox"/> (f)(3)	
	<input checked="" type="checkbox"/> (f)(4)	
<input type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(2)	
	<input type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (g)(6)	
	<input type="checkbox"/> (g)(7)	
	<input type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	
	<input checked="" type="checkbox"/> (h)(1)	
	<input checked="" type="checkbox"/> (h)(2)	
	<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.		
	<input type="checkbox"/> (j)	
	<input checked="" type="checkbox"/> (k)(1)	
	<input type="checkbox"/> (k)(2)	
	<input type="checkbox"/> (k)(3)	
	<input checked="" type="checkbox"/> (k)(4)	
	<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/> 137.	(l)(1)	
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input type="checkbox"/> 139.	(l)(3)	

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 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 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 checked="" type="checkbox"/> (1)-(11)	
	<input checked="" type="checkbox"/> (b)	

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES 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 checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	
	<input type="checkbox"/> (c)(1)	
	<input checked="" type="checkbox"/> (c)(2)	
	<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Temple Shalom Preschool License # funding Date: 5.8.25

Observations/Corrections needed: Regulation not in compliance when...

- 11(d)(2)(A) Discipline policy not complete with all required state requirements - Policy checklist provided
- 11(d)(4)(A) Medical emergency policy does not include all state requirements
- 11(d)(4)(B) Multi-hazard policy does not include all state requirements
- 11(d)(5) Supervision policy does not include all state requirements
- 11(d)(6) General operating policies does not include all state requirements
- 11(d)(7) Personnel policies does not include all state requirements (Send policies)
- 18 36a(2)(3) Menu not posted or created (Send copy)
- 166(c)(2) - Movement room - 3 stone cement columns not protected - Room 1 - stained couch cushions and sleep room has rusted radiator - All purpose room - 1 door hinge not secure.
- 75(d)(4) - Glass not protected up to 36" in under 3 rooms. (Send photo)
- 81(d)(9) outlets not protected - infant sleep room - 3 in power strip and/toddler nap room 2 / Room 4 - 1 not protected
- 82(d)(10)(H) - Mechanical ventilation not working in child bathrooms in hall and women's bathroom and no mechanical ventilation in 2 shared staff/child bathrooms off gym. (2)
- 88(e)(5) Stained ceiling tiles - Mens hall bathroom (1) - Room 2 (1) - Room 5 (2) - All purpose km (2) - Boys bathroom
- 109(g)(6) - Cannot determine if indoor climbers have compliant shock absorbing material. No documentation on file.
- 111(h)(2) Preschool playground does not have 8" impact absorbing material under/around climbing equipment / (h)(3) - playground hazards - black top area has low hanging wire accessible to children, Toddler pg - screw ends protruding at gate entrance and frame, 2 rusting metal handles & clasps on swings, broken shed shingles (4) and 1 section of fence has 4" gap at bottom Preschool playground - tire swing chain rusted and screw ends protruding at gate entrance and frame (h)(4)
- 122(d)(2)(A1-iii) - Crib/Pack-n-Play - several versions observed - Cannot verify compliance (Send documentation)

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]

Print Name: (OEC Representative) Eun Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: Prior to OEC Approval

Print Name: (Person in Charge) Stacey Cohen

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Temple Shalom Preschool License # Pending Date: 5.8.25

Observations/Corrections needed: Regulation not in compliance when...


- (128)(e)(3) - Infant room changing pad torn and 2 pads in hall/bathroom have material cover on them.
- (130)(g)(3) cribs and pack and plays have double mattress or pads in each one. (g)(8) - Safe sleep policy not complete with all requirements (send copy)
- (139)(1)(B) - Munch supervision plan is not complete. (send copy)
- (86)(e)(3) - Water temperature in infant sleep measures 125.4°F both bathrooms off gym 130°F

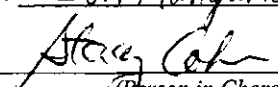
DISCUSSION 21 staff

- Observed 58 children at existing program. Observed staff member leave toddlers sleeping and unattended. Director stated she misunderstood regulation.
 - All items checked were either discussed or observed today.
 - supervision
 - NO mechanical ventilation in 2 bathrooms with 3 toilets in total = 48 children.
 - Capacity will be determined based on ~~maximum~~ⁱⁿ bathrooms with mechanical ventilation.
- Program requesting 86/134 capacity.
- Director stated she sent work schedule to OEC yesterday.
 - Measured infant sleep room $13.6 \times 19 = 258.4/35 = 7$ children
 - toddler nap room $19.4 \times 17.8 = 345.32/35 = 9$ children

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Signature: 
 (OEC Representative)
 Print Name: Lon Mangano

Signature: 
 (Person in Charge)
 Print Name: Stacey Cohen

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to OEC approval

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Temple Shalom Preschool License # Pending Date: 5.8.25

Observations/Corrections needed:

Measurements - indoors

Gym: $\frac{36.2 + 70}{2} \times 34 = \frac{2416.2}{2} = 1208.1 \times 2 = 2416.2 / 35 =$ (69 preschool or 8 under 3 or 10 2s) capacity

Room 1 - $13 \times 17.7 = 230.1 / 35 =$ (6 children)

Room 2 - $17.9 \times 19.3 = 345.47 / 35 =$ (8 under 3 or 9 2s)

Room 3 - $14.4 \times 20.8 = 299.52 =$ (8 children)

Room 4 - $35.8 \times 21.5 - 3 \times 1.5 - 10.8 \times 2 - 7.9 \times 2.2 = 726.22 / 35 = 20$ (8 under 3 or 10 2s)

Room 5 - $\frac{11.1 + 21.5}{2} \times 24 = 782.4 = 391.2 / 35 =$ (11 children)

Room 6 - $38.3 \times 20.8 - 6.5 \times 3 - 9.6 \times 2.1 = 756.98 / 35 =$ (21 children)

Room 7 - Same as Room 6 $756.98 / 35 =$ (21 children)

(Capacity 86/33)

All purpose area for preschool: $20 \times 14 = 280 / 35 =$ (8 children) not in capacity.

Outdoors

Back top area - $87.5 \times 72 - 12.4 \times 8.4 + 36 \times 20 = 6915.84 / 75 =$ (92 over 3s)

Under 3 / over 3 playground - $66.3 \times 24.4 + 12.8 \times 39 = 2116.92 / 75 =$ (28 over 3 or 8 2s)

Preschool playground - $72.4 \times 38 = 2751.2 / 75 =$ (36 children)

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Signature: [Signature] (OEC Representative)

Print Name: Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: Prior to OEC approval

Print Name: Stacey Cohen