

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Temple Shalom Preschool Date: 7.8.25 Time: 11:30 am
Location Address: 259 Richards Ave Norwalk Telephone #: 203.866.0148
e-mail address: lyc.cdir@templeshalomweb.org License #: pending Expiration Date: pending
Capacity: 80/73 # of Children Present: N/A # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to 5.8.25 initial inspection

Observations/Corrections needed:

11. Policies - OK

109(g)(6) Indoor climbing play equipment - shock absorbing material - OK no climbing equipment in use.

111(h)(2) Impact absorbing material in preschool playground - OK

122(d)(1)(A-i-iii) - Cribs - OK

130(g)(3) NO items in cribs. - OK

* Children cannot use potty seats in hallway.

* Received shared bathroom policy / match supervision plan.

* Observed 59/32 children present at existing program.

Discussed - Safe Sleep. Had staff remove plastic bags on mattress pads in infant rooms and 1 double pad in crib. - Infant doorway & supervision

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____
(OEC Representative)

Print Name: Jon Mangano

Signature: _____
(Person in Charge)

Print Name: Stacey Cohen