



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INSPECTION**

Program Name	TEMPLE SHALOM PRESCHOOL				License Number	DCCC.70846		Date of Inspection	11/25/2025		
					Expiration Date	7/31/2029		Time of Inspection	08:42 AM		
Address	259 RICHARDS AVE NORWALK CT 06850-2714				Telephone	(203) 866-0148		Licensed Capacity	93		
					Hours of Operation	8:00 AM – 6:00 PM		Under Three Capacity	40		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 5 week years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	execdir@templeshalomweb.org					
Operator	TEMPLE SHALOM OF NORWALK, INC				Director	STACEY COHEN					
Endorsements	Pre-School, Under Three				Name of Inspector	Lori Mangano					
Key: Compliant = X Non-Compliant = O	# Children Present under age 3	15	# Total Children Present	25	# of Staff Present	13	Type of Inspection	UNANNOUNCED INSPECTION - FULL			

LICENSURE PROCEDURES 19a-79-2a

1. 19a-79-2a(c)(8) LOCAL HEALTH INSPECTION DATE: _____	
--	--

ADMINISTRATION 19a-79-3a

2. 3a(a) ENSURING HEALTH & SAFETY OF CHILDREN	
3. 3a(b) OVERALL MANAGEMENT OF PROGRAM	
4. 3a(b)(6) EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF	
5. 3a(b)(6) ANNUAL POLICY TRAINING FOR PROGRAM STAFF	
6. 3a(b)(7)(A) CHILD BEHAVIOR MANAGEMENT	

	<p>7. 3a(b)(7)(B) DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES</p>	
	<p>8. 3a(b)(7)(C) CHILD PROTECTION</p>	
	<p>9. 3a(b)(7)(E) MANDATED REPORTING</p>	
	<p>10. 3a(c)(1-4) NOTIFICATION OF CHANGE</p>	
	<p>11. 3a(d)(1)-(6) POLICIES- COMPLETED, IMPLEMENTED</p>	<p> <input type="checkbox"/> DISCIPLINE (d)(2)(A) <input type="checkbox"/> CHILD PROTECTION (d)(2)(B-C) <input type="checkbox"/> CLOSING TIME (d)(3) <input type="checkbox"/> MEDICAL EMERGENCY (d)(4)(A) <input type="checkbox"/> MULTI-HAZARDS (d)(4)(B) <input type="checkbox"/> SUPERVISION (d)(5) <input type="checkbox"/> GENERAL OPERATING (d)(6) <input type="checkbox"/> PERSONNEL (d)(7) <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT (d)(6)(C) </p>
	<p>12. 3a(d)(1) DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR</p>	
	<p>13. 3a(f) IMMEDIATE ACCESS BY PARENTS</p>	<p> <input type="checkbox"/> ACCESS BY PARENTS (f) <input type="checkbox"/> ACCESS BY OEC (h) </p>
	<p>14. 3a(l) 2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION</p>	
	<p>15. 3a(m) MOTOR VEHICLE LAWS – TRANSPORTATION</p>	
	<p>16. 3a(n) CAPACITY</p>	
	<p>17. 3a(o) RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS</p>	
	<p>18. 3a(e)(1)-(6) POSTINGS</p>	<p> <input type="checkbox"/> LICENSE (e)(1) <input type="checkbox"/> OEC COMPLAINT PROCEDURE (e)(2) <input type="checkbox"/> ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c) <input type="checkbox"/> MENUS (e)(3) <input type="checkbox"/> NO SMOKING SIGNS (e)(4) <input type="checkbox"/> OEC INSPECTION REPORT (e)(5) <input type="checkbox"/> RADON TEST 7a(e)(17) <input type="checkbox"/> SAFE SLEEP POLICY 10(g)(8) <input type="checkbox"/> DEVELOPMENTAL MILESTONES (e)(6) </p>

STAFFING AND CONSULTANTS 19a-79-4a		
19. 4a(a)(1) STAFF HEALTH RECORDS		
20. 4a(a)(3) DISCIPLINARY ACTIONS		
21. 4a(b) COMPREHENSIVE BACKGROUND CHECKS		
21a. 4a(b)(4) PAST EMPLOYMENT HISTORY		
22. 4a(b)(4) EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY		
23. 4a(d) ADEQUATE STAFFING		
24. 4a(d)(1) DESIGNATED HEAD TEACHER – APPROVED – 60%		
25. 4a(d)(2) TWO STAFF PRESENT – AGE 18 OR OLDER		
26. 4a(d)(3)(A-C) PERSONAL QUALITIES OF STAFF		
27. 4a(d)(4)(A) RATIOS 1:10 – INDOORS AND OUTDOORS	<input type="checkbox"/> 1:10 INDOORS/OUTDOORS (d)(4)(A) <input type="checkbox"/> MIXED AGE GROUPS (d)(4)(b) <input type="checkbox"/> NAP TIME (d)(6)	
28. 4a(d)(4)(D) SUPERVISION – INDOORS AND OUTDOORS		
29. 4a(d) GROUP SIZE – INDOORS AND OUTDOORS	<input type="checkbox"/> MAX 20 INDOORS/OUTDOORS (d)(5) <input type="checkbox"/> SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) <input type="checkbox"/> MIXED AGE GROUP (d)(5)(B)	
30. 4a(e)(1) DESIGNATED DIRECTOR – TRAINING		
31. 4a(f)(1) CPR CERTIFIED PROGRAM STAFF		

	32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF				
	33. 4a(d)/(h) PROFESSIONAL DEVELOPMENT	<input type="checkbox"/> DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) <input type="checkbox"/> HEALTH & SAFETY TRAINING (h)(1) <input type="checkbox"/> 1% ANNUAL HOURS (h)(2)			
	34. 4a(C)-(e) SWIMMING ACTIVITIES	<input type="checkbox"/> SWIMMING RATIOS (4)(C)(ii-v) <input type="checkbox"/> NON-SWIMMERS IDENTIFIED (4)(C)(i) <input type="checkbox"/> CPR CERT STAFF-AGE 20↑ (e)(6) <input type="checkbox"/> LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)			
	SWIMMING OFFERED? N				
	35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS	<input type="checkbox"/> CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D) <input type="checkbox"/> CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H) <input type="checkbox"/> CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F) <input type="checkbox"/> CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)			
	NOT IN COMPLIANCE	EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN N/A?
	CONTRACTS				
	LOGS				
	VISITS				
RECORD KEEPING 19a-79-5a					
	36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION				
	37. 5a(a)(1)(D) PARENT PERMISSIONS	<input type="checkbox"/> EMERGENCY MEDICAL PERMISSION (D)(i) <input type="checkbox"/> AUTHORIZED RELEASE PERMISSION (D)(ii) <input type="checkbox"/> FIELD TRIP PERMISSION (D)(iii) <input type="checkbox"/> TRANSPORTATION PERMISSION (D)(iv)			
	38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS				
	39. 5a(a)(2)(C) IMMUNIZATION RECORDS				
	40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF				
	41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS				
	42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY				

	<p><u>43. 5a(a)(3)(C)(i-ii)</u> NOTIFY OEC OF SERIOUS INJURIES, FATALITY</p>	
	<p><u>44. 5a(a)(3)(D)</u> NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES</p>	
	<p><u>45. 5a(a)(4)</u> VIDEO RECORDINGS- KEEP FOR 30 DAYS</p>	
<p>HEALTH AND SAFETY 19a-79-6a</p>		
	<p><u>46. 5a(a)(1)</u> N/A: Y PREPARATION AND TRANSPORTATION OF FOOD- FOLLOW DPH MODEL FOOD CODE</p>	
	<p><u>47. 5a(a)(2)</u> NUTRITIOUS MEALS AND SNACKS</p>	
	<p><u>48. 5a(a)(3)</u> PROPER REFRIGERATION (MAX 41°)</p>	
	<p><u>49. 5a(a)(4)</u> MENUS- 1 WK IN ADVANCE-KEEP 3 MONTHS</p>	
	<p><u>50. 5a(a)(5)</u> N/A: Y FOOD SERVICE INSPECTION DATE: _____</p>	
	<p><u>51. 5a(a)(6)</u> N/A: Y KITCHEN-CLEAN – SAFE STORAGE OF FOOD/SUPPLIES</p>	
	<p><u>52. 5a(a)(7)</u> SEPARATE HAND WASHING FACILITIES</p>	
	<p><u>53. 5a(a)(8)</u> MULTI-USE EATING AND DRINKING UTENSILS</p>	
	<p><u>54. 5a(a)(9)</u> N/A: Y KITCHEN SEPARATED BY A DOOR OR GATE</p>	
	<p><u>55. 5a(a)(10)</u> CHILDREN SUPERVISED DURING MEAL PREP</p>	
	<p><u>56. 5a(a)(11)</u> HANDWASHING – STAFF AND CHILDREN</p>	

	<p>57. 5a(b)(1) ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS</p>	
	<p>58. 5a(b)(2) DESIGNATED ISOLATION AREA</p>	
	<p>59. 5a(c-d) FIRST AID KITS AND SUPPLIES</p>	<p><input type="checkbox"/> FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c) <input type="checkbox"/> FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c) <input type="checkbox"/> FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS- WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:</p>

PHYSICAL PLANT 19a-79-7a

	<p>62. 7a(a)(2) FIRE MARSHAL CODES – CERTIFICATE DATE: _____</p>	
	<p>63. 7a(b) INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE</p>	
	<p>64. 7a(b)(1)-(5) CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION</p>	
	<p>65. 7a(b)(6) SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION</p>	
	<p>66. 7a(c)(2) LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM</p>	
	<p>67. 7a(c)(3) BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE</p>	
	<p>68. 7a(c)(4) TESTING OF PREMISES OR GROUNDS FOR CHEMICALS</p>	
	<p>69. 7a(c)(5)(A-C) WATER SUPPLY TYPE: <u>Public Well</u> (SCHOOLS-N/A) Y</p>	<p><input type="checkbox"/> LEAD WATER TEST (c5)(A) Date: _____ <input type="checkbox"/> BACTERIAL/CHEMICAL TEST(c5)(B) Date: _____ N/A: Y <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)</p>

	<p>70. 7a(c)(6)(A-D) LEAD PAINT-BUILDING PRE-78? <u>Yes</u></p> <p><input type="checkbox"/> PEELING PAINT – SAMPLE TAKEN</p>	<p><input type="checkbox"/> PRE-78 LEAD TEST (c6)(A) TEST RESULTS: <u>No Lead Identified</u></p> <p><input type="checkbox"/> LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____</p>
	<p>71. 7a(d)(1) EMERGENCY VEHICLE ACCESS</p>	
	<p>72. 7a(d)(2) WALKWAYS MAINTAINED</p>	
	<p>73. 7a(d)(2) WINDOWS PROTECTED TO PREVENT FALLS</p>	
	<p>74. 7a(d)(3) WINDOW SCREENS</p>	
	<p>75. 7a(d)(4) GLASS/MIRRORS PROTECTED UP TO 36"</p>	
	<p>76. 7a(d)(5) N/A: <u>Y</u> OVERHEAD DOORS-LOCKING DEVICES, SPRING PROTECTORS</p>	
	<p>77. 7a(d)(6) – (f)(3) EXITS, STAIRS, HALLWAYS UNOBSTRUCTED</p>	
	<p>78. 7a(d)(7) INDIVIDUAL STORAGE OF CLOTHING AND BEDDING</p>	
	<p>79. 7a(d)(8) SMOKING</p>	<p><input type="checkbox"/> SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS</p> <p><input type="checkbox"/> MATCHES/LIGHTERS INACCESSIBLE</p>
	<p>81. 7a(d)(9) ELECTRICAL SAFETY – OUTLETS INACCESSIBLE-COVERED OR PROTECTED</p>	
	<p>82. 7a(d)(10)(A-H) TOILETING AND BATHROOMS</p>	<p><input type="checkbox"/> SHARED TOILETS/SINKS-SUPERVISION PLAN (10A) <input type="checkbox"/> TOILETING NEEDS MET (10B)</p> <p><input type="checkbox"/> POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C) <input type="checkbox"/> REQUIRED TOILETS/SINKS 1:16 (10C)</p> <p><input type="checkbox"/> TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E) <input type="checkbox"/> HANDWASHING STAFF/CHILDREN (10E)</p> <p><input type="checkbox"/> TOILETS/SINKS LOCATED AT THE FACILITY (10F) <input type="checkbox"/> WELL LIGHTED/VENTILATED TOILET ROOMS (10G)</p> <p><input type="checkbox"/> MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A:)</p> <p><input type="checkbox"/> SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)</p>

	<p>83. 7a(d)(11) STAFF PERSONAL ARTICLES INACCESSIBLE</p>	
	<p>84.7a(e)(1-2) AIR TEMPERATURE AND FLUIDS</p>	<p><input type="checkbox"/> AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1) <input type="checkbox"/> AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2)</p>
	<p>86. 7a(e)(3) WATER TEMPERATURE 60° – 120°</p>	
	<p>87. 7a(e)(4) PORTABLE SPACE HEATERS PROHIBITED</p>	
	<p>88. 7a(e)(5) WALLS, CEILINGS, FLOORS AND RUGS</p>	<p><input type="checkbox"/> WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR <input type="checkbox"/> RUGS- NOT A TRIPPING/SLIPPING HAZARD</p>
	<p>90. 7a(e)(6) HOT WATER, STEAM PIPES PROTECTED</p>	
	<p>91. 7a(e)(7) TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER</p>	<p><input type="checkbox"/> WORKING PHONE ON EACH LEVEL <input type="checkbox"/> EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES <input type="checkbox"/> PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER</p>
	<p>94. 7a(e)(8-9) LIGHTING AND FIXTURES</p>	<p><input type="checkbox"/> ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) <input type="checkbox"/> LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9) <input type="checkbox"/> ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) <input type="checkbox"/> ENOUGH LIGHTING FOR COMFORT (e9)</p>
	<p>95. 7a(e)(10) POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE</p>	
	<p>96. 7a(e)(11) GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR</p>	
	<p>97. 7a(e)(12) STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS</p>	
	<p>98. 7a(e)(13) TOXIC PLANTS/MATERIALS INACCESSIBLE</p>	

	<p>99. 7a(e)(14-15) N/A: Y PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN</p>	
	<p>100. 7a(e)(16) MEASURES TO PREVENT VERMIN</p>	
	<p>101. 7a(e)(17) Schls N/A: Y RADON TEST DATE: _____ RESULTS: _____</p>	
	<p>102. 7a(e)(18) N/A: Y OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL</p>	
	<p>103. 7a (f)(1)(A) PROGRAM SPACE-ADEQUATE- 35 SQUARE FEET PER CHILD</p>	
	<p>104. 7a(g)(1) EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS</p>	
	<p>105. 7a(g)(2) ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)</p>	
	<p>106. 7a(g)(3) AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE</p>	
	<p>107. 7a(g)(4) DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS</p>	
	<p>108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS</p>	
	<p>109. 7a(g)(6) INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND</p>	
	<p>110. 7a(j) NO WEAPONS, NO FACSIMILE OF A FIREARM</p>	

PHYSICAL PLANT- OUTDOOR SPACE	
<p>111. 7a(h)(1-9) OUTDOOR SPACE – HAZARDS EQUIPMENT DRINKING WATER</p>	<p><input type="checkbox"/> ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1) <input type="checkbox"/> SHOCK ABSORBING SURFACES- MIN. 8" (h2)</p> <p><input type="checkbox"/> PLAYGROUND FREE FROM HAZARDS (h3) <input type="checkbox"/> NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4)</p> <p><input type="checkbox"/> OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5) <input type="checkbox"/> DRINKING WATER AVAILABLE/ACCESSIBLE (h8)</p> <p><input type="checkbox"/> EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9)</p> <p><input type="checkbox"/> NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)</p>
<p>112. (h)(7)(A-C) OUTDOOR SPACE - PROTECTED - FENCING</p>	<p><input type="checkbox"/> PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7)</p> <p><input type="checkbox"/> FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A)</p> <p><input type="checkbox"/> FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B)</p> <p><input type="checkbox"/> ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)</p>
<p>114. (i) WATER HAZARDS</p>	<p><input type="checkbox"/> POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: <input type="checkbox"/> WADING POOLS PROHIBITED</p> <p><input type="checkbox"/> HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:</p>
EDUCATIONAL REQUIREMENTS 19a-79-8a	
<p>115. (a) WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS</p>	
<p>116. (a)(1-11), (b) EDUCATIONAL REQUIREMENTS – ACTIVITIES SCREEN TIME</p>	<p><input type="checkbox"/> (a)(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/VIGOROUS PHYSICAL ACTIVITY THAT TAKES PLACE OUTDOORS</p> <p><input 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</p>
INFANT/TODDLER ENDORSEMENT 19a-79-10	
	IS THERE AN APPROVED ENDORSEMENT? Yes
<p>117. 10(b) APPROVED UNDER THREE ENDORSEMENT</p>	
<p>118. 10(c)(2) RATIO OF STAFF TO CHILDREN 1:4 (6 WKS-24MTHS) 1:5 (24-36 MTHS)</p>	<p>Program not in compliance with maintaining proper under three staff/child ratios of 1:4 when 1 teacher was observed with 6 children that were mixed ages under 2 and 2s in older toddlers.</p>

	<p>119. 10(c)(3) GROUP SIZE - MAX 8 (6 WKS-24 MTHS) MAX 10 (24-36 MTHS)</p>											
	<p>120. 10(c)(4) PHYSICAL BARRIERS SEPARATING EACH GROUP (INDOORS AND OUTDOORS)</p>											
	<p>121. 10(d)(1)(A-C) ADEQUATE SINKS IN PROGRAM SPACE (GRP HOMES-ACCESSIBLE) HANDWASHING, DIAPERING, FOOD PREP USES</p>											
	<p>122. 10(d)(2)(A i-iii) CRIBS AND PACK-N- PLAYS- IN COMPLIANCE WITH CPSC</p>											
	<p>123. 10(d)(2)(B) WASHABLE COTS</p>											
	<p>124. 10(d)(2)(C) CHAIRS FOR FEEDING, STABLE BASE, SAFETY STRAPS, LOCKING TRAY</p>											
	<p>125. 10(d)(2)(D) DEVELOPMENTALLY APPROPRIATE TABLES, CHAIRS, EQUIPMENT</p>											
	<p>126. 10(d)(2)(E) REFRIGERATORS AND FOOD PREP FACILITIES</p>											
	<p>127. 10(d)(3)(A-C) OPTIONAL FURNITURE- EQUIPMENT- SAFE/HAZARD FREE</p>											
	<p>128. 10(e)(1-10) DIAPERING AND DIAPER AREAS</p>	<table border="0"> <tr> <td><input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)</td> <td><input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)</td> </tr> <tr> <td><input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)</td> <td><input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)</td> </tr> <tr> <td><input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)</td> <td><input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)</td> </tr> <tr> <td><input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)</td> <td><input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)</td> </tr> </table>	<input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)	<input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)	<input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)	<input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)	<input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)	<input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)	<input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)	<input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)	<input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)	
<input type="checkbox"/> AREA ELEVATED/STURDY/SAFETY RAIL (e1)	<input type="checkbox"/> AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)											
<input type="checkbox"/> AREA-WASHED/DISINFECTED AFTER USE (e4)	<input type="checkbox"/> AREA NON-POROUS SURFACE/GOOD REPAIR (e3)											
<input type="checkbox"/> AREA- DISPOSABLE PAPER SHEETS (e5)	<input type="checkbox"/> COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)											
<input type="checkbox"/> HANDWASHING- STAFF/CHILDREN (e7)	<input type="checkbox"/> DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)											
<input type="checkbox"/> CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)												
	<p>129. 10(f)(1-4) LINENS AND CLOTHING</p>	<table border="0"> <tr> <td><input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)</td> <td><input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)</td> </tr> <tr> <td><input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)</td> <td><input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)</td> </tr> </table>	<input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)	<input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)	<input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)	<input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)						
<input type="checkbox"/> LINENS/EMERGENCY CLOTHING AVAILABLE (f1)	<input type="checkbox"/> LINENS WASHED WEEKLY OR AS NEEDED (f2)											
<input type="checkbox"/> LINENS/CLOTHING STORED INDIVIDUALLY (f3)	<input type="checkbox"/> CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)											

<p style="text-align: center; font-size: 2em;">X</p>	<p>130. 10(g)(1-8) SAFE SLEEP – POSITIONING CRIBS POLICIES</p>	<p><input type="checkbox"/> UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1) <input type="checkbox"/> CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)</p> <p><input type="checkbox"/> INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2) <input type="checkbox"/> OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)</p> <p><input type="checkbox"/> NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)</p> <p><input type="checkbox"/> ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)</p> <p><input type="checkbox"/> NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)</p> <p><input type="checkbox"/> NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)</p> <p><input type="checkbox"/> TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7) <input type="checkbox"/> SAFE SLEEP POLICIES- PARENTS INFORMED (g8)</p>
	<p>131. (h)(1) TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.</p>	<p><input type="checkbox"/> INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1) <input type="checkbox"/> TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)</p> <p><input type="checkbox"/> NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)</p> <p><input type="checkbox"/> PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)</p>
	<p>135. (i)(1)(2 A-C) HEALTH CONSULTANT VISITS- DOCUMENTATION</p>	
	<p>136. (j)-(k)(5) FEEDING – SCHEDULES INFANTS BOTTLES</p>	<p><input type="checkbox"/> INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j)</p> <p><input type="checkbox"/> WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)</p> <p><input type="checkbox"/> UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)</p> <p><input type="checkbox"/> CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)</p> <p><input type="checkbox"/> BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4) <input type="checkbox"/> BOTTLES LABELED WITH CHILD’S NAME (k)(5)</p>
	<p>137. (l)(1) OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)</p>	
	<p>138. (l)(2) OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN</p>	
	<p>139. (l)(3) SHOCK ABSORBING MATERIALS LESS THAN 1 ¼"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH & SAFETY</p>	
<p>SCHOOL AGE ENDORSEMENT 19a-79-11</p>		<p>IS THERE AN APPROVED ENDORSEMENT? No</p>
	<p>140. 11(b) APPROVED SCHOOL AGE ENDORSEMENT</p>	

	<p>141. 11(c)-(c)(3) SCHEDULE- ACTIVITIES</p>	<p><input type="checkbox"/> WRITTEN DAILY PROGRAM PLAN- FLEXIBLE SCHEDULE- AVAILABLE TO PARENT/STAFF (c)</p> <p><input type="checkbox"/> ACTIVITIES NOT A DUPLICATION OF CHILD'S DAY (c)(1)</p> <p><input type="checkbox"/> ACTIVITIES INCLUDE COGNITIVE, PHYSICAL, SOCIAL, EMOTIONAL NEEDS OF THE CHILDREN (c)(2)</p> <p><input type="checkbox"/> PROGRAM OFFERS FREE TIME, SNACKS, CREATIVE, PHYSICAL ACTIVITIES, SMALL GROUP, SELF-CONCEPT ACTIVITIES, HOMEWORK TIME, SPECIAL EVENTS (c)(3)</p>
	<p>143. 11(d) RATIO – 1 : 15 – INDOORS AND OUTDOORS</p>	
	<p>144. 11(e) GROUP SIZE – MAX. 30 CHILDREN – INDOORS AND OUTDOORS</p>	
	<p>145. 11(f) 4 YR OLDS ENROLLED IN SCHOOL AGE-WRITTEN AUTHORIZATION – PERMISSIONS FROM DIRECTOR/PARENT</p>	
	<p>146. 11(g) DESIGNATED HEAD TEACHER- APPROVED- 60%</p>	

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

IS THERE AN APPROVED ENDORSEMENT? No

	<p>147. 12(b) APPROVED NIGHT CARE ENDORSEMENT</p>	
	<p>148. 12(b)(1) PERSON IN CHARGE- HEAD TEACHER</p>	
	<p>149. 12(b)(2) WRITTEN PLAN FOR PROGRAM ACTIVITIES- MEET INDIVIDUAL NEEDS, SLEEP PATTERNS, QUIET TIME</p>	
	<p>150. 12(b)(4) WRITTEN PLAN FOR SUPERVISION INCLUDING COT PLACEMENT, EVACUATION</p>	
	<p>151. 12(b)(4) CHILDREN IN CARE NO MORE THAN 12 HRS. IN 24</p>	
	<p>152. 12(b)(5) STAFF AWAKE AND AVAILABLE</p>	

	<p>153. 12(b)(6)-(7) SLEEP PROVISIONS</p>	<p> <input type="checkbox"/> INDIVIDUAL COT/CRIB WITH BEDDING (b)(6) <input type="checkbox"/> REQUIRED BEDDING (b)(6)(B) <input type="checkbox"/> SLEEPING APPAREL/TOILETRIES LABELED (b)(6)(A) <input type="checkbox"/> REQUIRED TOILETRIES (b)(6)(C) <input type="checkbox"/> BEDDING/SLEEPING APPAREL LAUNDERED WEEKLY (b)(6)(D) <input type="checkbox"/> SLEEP ARRANGEMENTS FOR INFANTS (b)(7) </p>
	<p>154. 12(b)(8) AIR TEMP 65°F AT 3 FT</p>	
	<p>155. 12(b)(9) FIRE MARSHAL APPROVAL- HOURS SPECIFIED</p>	
	<p>156. 12(b)(10) LOCAL HEALTH APPROVAL</p>	

ADMINISTRATION OF MEDICATIONS 19a-79-9a

	<p>157. 9a WRITTEN MEDICATION POLICIES, PROCEDURES</p>	
	<p>158. 9a PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES</p>	
	<p>159. 9a(a)(2)-(3) NON-PRESCRIPTION TOPICAL MEDICATION</p>	<p> <input type="checkbox"/> ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2) <input type="checkbox"/> LABELING AND STORAGE (a)(3)(A-B) <input type="checkbox"/> UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C) </p>
	<p>160. 9a(b)(1-2) MEDICATION TRAINING</p>	<p> <input type="checkbox"/> MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C) <input type="checkbox"/> INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D) <input type="checkbox"/> INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F) <input type="checkbox"/> RECTAL MEDICATION (b)(1)(E) <input type="checkbox"/> TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B) <input type="checkbox"/> TRAINING OUTLINE ON FILE (b)(2)(C) </p>
	<p>161. 9a(b)(3)(A-B) AUTHORIZED PRESCRIBER- PARENT PERMISSION</p>	
	<p>162. 9a(b)(3)(D) MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION</p>	
	<p>163. 9a(b)(4)(A-B) MEDICATION ADMINISTRATION RECORDS (MAR)</p>	
	<p>164. 9a(b)(5)(A-B) LABELING AND STORAGE</p>	

	<p><u>165. 9a(b)(5)(C)</u> EMERGENCY MEDICATION INACCESSIBLE</p>	
	<p><u>166. 9a(b)(5)(D)</u> UNUSED/EXPIRED MEDICATIONS- DESTROYED/RETURNED</p>	
	<p><u>167. 9a(b)(5)(E)</u> AUTO-INJECTOR, INHALANT EQUIPMENT</p>	
	<p><u>168. 9a(b)(6)</u> SELF-ADMINISTRATION DOCUMENTATION</p>	
	<p><u>169. 9a(b)(7)(A-B)</u> PETITION FOR SPECIAL MEDICATION AUTHORIZATION</p>	
	<p><u>170. 9a(d)</u> N/A: <input checked="" type="checkbox"/> POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION- PERMISSION/STORAGE</p>	

MONITORING OF DIABETES 19a-79-13

CHILD WITH DIABETES ENROLLED?

N

	<p><u>171. 13(a)(1)</u> WRITTEN POLICIES AND PROCEDURES</p>	
	<p><u>172. 13(b)(1)-(c)(2)</u> STAFF TRAINING</p>	<p><input type="checkbox"/> STAFF TRAINING-FIRST AID (b)(1)(A) <input type="checkbox"/> TRAINED STAFF ON SITE WHEN CHILD IS PRESENT (c)(2) <input type="checkbox"/> TRAINING UPDATED AT LEAST EVERY 3 YEARS (b)(2) <input type="checkbox"/> WRITTEN DOCUMENTATION OF TRAINING (b)(3) <input type="checkbox"/> STAFF TRAINING- USE/STORAGE/MAINTENANCE OF MONITORING EQUIPMENT, READING TEST RESULTS, APPROPRIATE ACTIONS TAKEN (b)(1)(B)(i-iii)</p>
	<p><u>173. 13(c)(3)</u> SELF-ADMINISTRATION- WRITTEN AUTHORIZATION AND UNDER SUPERVISION OF TRAINED STAFF</p>	
	<p><u>174. 13(d)(1)</u> EQUIPMENT PROVIDED BY PARENTS</p>	
	<p><u>175. 13(d)(2)</u> EQUIPMENT LABELED AND INACCESSIBLE</p>	
	<p><u>176. 13(d)(3)</u> SIGNED AGREEMENT WITH PARENT REGARDING EQUIPMENT, SUPPLIES, MATERIALS TO BE DISCARDED</p>	
	<p><u>177. 13(e)(1)</u> AUTHORIZE PRESCRIBER WRITTEN ORDER</p>	

	178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT	
	179. 13(e)(2) TESTING RESULTS AND ACTIONS TAKEN- DOC. AND KEPT ON FILE, ENSURE PARENTS ARE NOTIFIED DAILY	



ADDITIONAL VIOLATIONS


	180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: Y	
--	---	--

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	1 out of 2
---	-----	-------------------------------------	------------

DISCUSSIONS/COMMENTS

NOTE: * Items left blank on this form were not monitored during this visit. * Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed. * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lori Mangano	Stacey Cohen	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by: 12/09/2025	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
---	---	---

OEC Representative's Email: lori.mangano@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--