

**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:	Legacy Preschool	Date of Inspection:	6.3.26	Time of Arrival:	9:30am
Address:	15 Executive Dr.	License Number:	pending	Expiration Date:	n/a
Town:	Farmington 06032	Telephone Number:	860-674-8460	Summer Care:	closed
Operator:	Eric Peoples, Legacy Church	# of Staff Present:	1	# over 3 Present:	0
Email:	legacypreschool@legacychurchct.org	Total Capacity:	30	Total Under 3 capacity:	0
Designated Director:	Patricia Schmid	Hours/Days of Operation:	M-F 8:00am to 6:00pm	# under 3 Present:	0
				Ages Served:	3-5 years

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**

1. (c)(8) Local Health Inspection-Date: 10/8/25

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMLETE/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted
  - 10(g)(8) Safe Sleep policy posted (Schls-N/A)

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(4)(D) **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health
 

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	N/A	N/A	

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

<b>PROGRAM NAME</b>	Legacy Preschool 1	<b>LICENSE NUMBER</b>	pending	<b>DATE OF INSPECTION</b>	6.3.26
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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36.	(a)(1)(A-C)	Children's Enrollment information	71.	(d)(1)	Emergency vehicle access
37.		<u>PARENT PERMISSIONS</u>	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
38.	(a)(2)(A-B)	Child Health Records	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	79.		<u>SMOKING</u>
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	81.		<u>TOILETING</u>
45.	(a)(4)	Video recordings- keep 30 days	82.	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan

<b>HEALTH and SAFETY 19a-79-6a</b>	
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46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	83.	(d)(11)	Staff personal articles inaccessible
47.	(a)(2)	Nutritious meals and snacks	84.	<input type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u>
48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	86.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
50.	(a)(5)	Food Service Inspection (N/A)	87.	(e)(4)	Water temperature 60°F-120°F
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	88.	<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (e)(5)	<u>WALLS/CEILINGS/FLOORS/RUGS</u>
53.	(a)(8)	Multi-use eating/drinking utensils	90.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
54.	(a)(9)	Kitchen separated (N/A)	91.	<input type="checkbox"/> (e)(7)	Rugs- not a tripping/slipping hazard
55.	(a)(10)	Children supervised during meal prep		<input type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
56.	(a)(11)	Handwashing-staff/children	94.	<input checked="" type="checkbox"/> (e)(7)	<u>TELEPHONE/TELEPHONE NUMBERS</u>
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms		<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
58.	(b)(2)	Designated isolation area		<input checked="" type="checkbox"/> (e)(9)	Emergency numbers posted-adjacent to phones
59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips		<input checked="" type="checkbox"/> (e)(10)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier			<u>LIGHTING</u>
	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)			All areas min. 1 foot candle of lighting

<b>PHYSICAL PLANT 19a-79-7a</b>	
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62.	(a)(2)	Fire marshal codes/certificate 8112125	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
63.	(b)	Indoor/Outdoor space inspected/approved	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	97.	(e)(12)	Stairs-protected/good repair-handrails
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	98.	(e)(13)	Toxic plants/materials inaccessible
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)			Measures to prevent vermin
68.	(c)(4)	Testing of premises/grounds for chemicals	100.	(e)(16)	Radon test- Results: 4.5 (Schls-N/A)
69.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	101.	(e)(17)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 4/21/26	102.	(e)(18)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: N/A (N/A)	103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
70.	<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results	104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan	105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside	106.	(g)(3)	Developmentally app equipment, materials

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

<b>PROGRAM NAME</b> Legacy Preschool	<b>LICENSE NUMBER</b> pending	<b>DATE OF INSPECTION</b> 6-3-26
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" 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 checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. 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.		<u>OUTDOOR PROTECTED/FENCED</u>
<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**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)	<u>EDUCATIONAL REQUIREMENTS</u>
<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 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

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

<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.		<u>DIAPERING</u>
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	<u>DIAPERING cont.</u> 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
<input type="checkbox"/>		(e)(3)	
<input type="checkbox"/>		(e)(4)	
<input type="checkbox"/>		(e)(5)	
<input type="checkbox"/>		(e)(6-9)	
<input type="checkbox"/>		(e)(7)	
<input type="checkbox"/>		(e)(8)	
<input type="checkbox"/>		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-slug 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 <u>TOYS AND OTHER OBJECTS</u> 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 <u>FEEDING</u> 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)
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.		
<input type="checkbox"/>		(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

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

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



## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Legacy Preschool License # pending Date: 6.3.26

Observations/Corrections needed:

Classroom Measurements:Preschool Room A:

$$28.9 \times 22.80 - (1.71 \times 82) - (7.99 \times 2.14) = 640.41/35 = 18.29$$

OK 18

Preschool Room B:

$$28.9 \times 16.43 - (2.11 \times 7.93) - (2.04 \times 1.26) = 454.86/35 = 12.99$$

OK 12

Toilets: 11      Sinks: 1111Playground:

$$49.7 \times 29.4 = 1,461.18 = 19.48$$

OK 19

Total license  
capacity 30

- #11 Program policies missing all required components.
- #84 Wall thermometer not observed in room A.
- # 91(e)(7) working phone not available. Emergency numbers not posted.
- #102 CO Detector not observed.
- #105 cots not observed for rest.

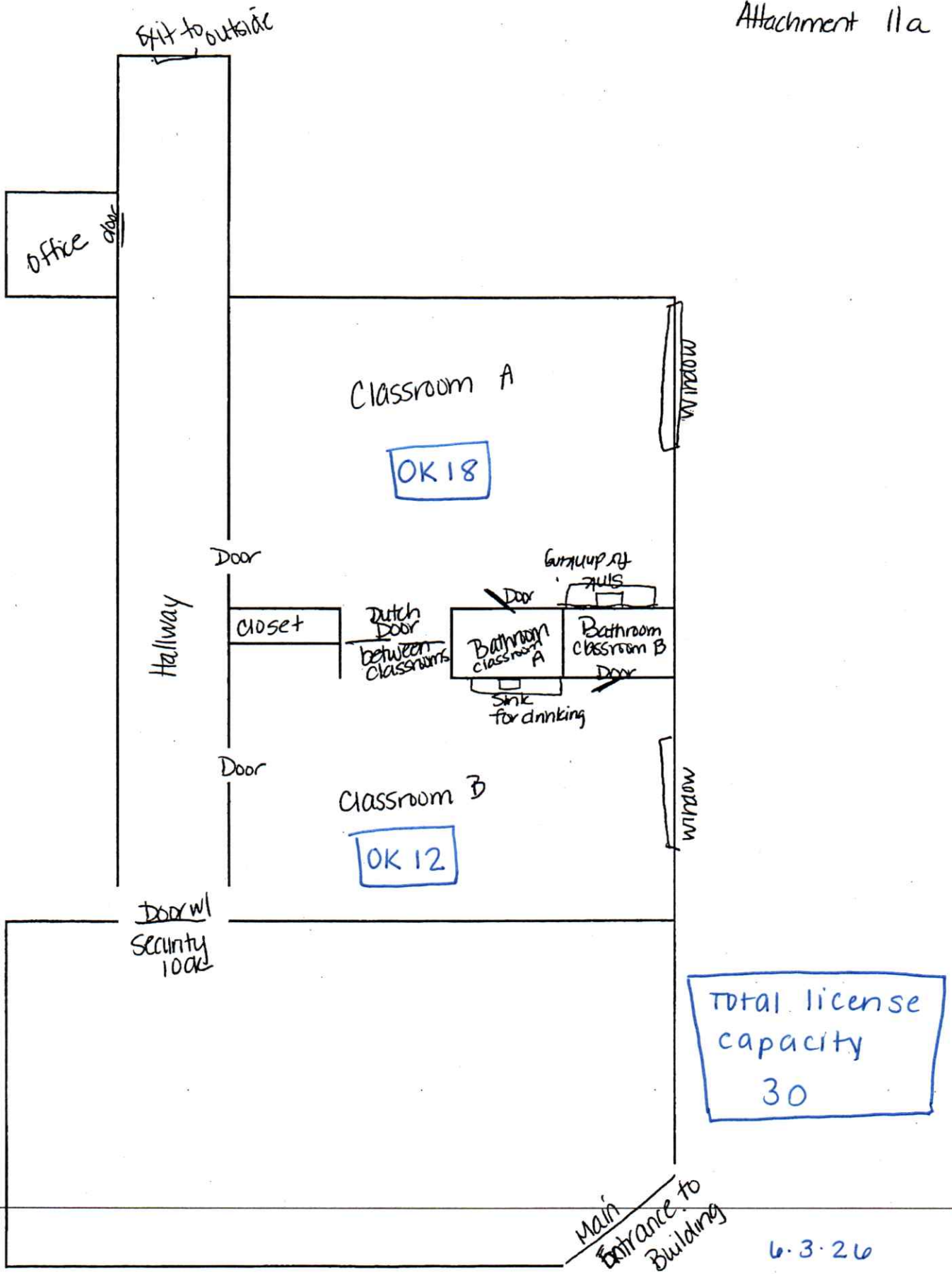
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

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

Signature: Betty Mayer  
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Patricia Schmid  
(Person in Charge)OEC BY: prior to licensurePrint Name: Patricia Schmid



6.3.26