

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Educational Playcare Ltd-Simsbury		License Number: 16415	Date of Inspection: 8/17/21	Time of Arrival: 9:45																		
Address: 1 Saint Johns Place		Expiration Date: 11/30/21	Licensed Capacity: 220	Under 3 Capacity: 88																		
Town: Simsbury		Telephone: (860) 651-9339	# of children present: 132	# of staff present: 28																		
Operator: Educational Playcare Ltd		Director: Elizabeth Marek																				
Email: nwalsh@educationalplaycare.com		Head Teacher: Elizabeth Marek																				
Hours of Operation: Mon-Fri 6:30 am-6 pm		Summer Care: Open																				
Ages Served: 6 weeks-12 years		Instruction Codes: ✓ = Compliance/No violation found O = Non-compliance/Violation found 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 ☒ 1. Local Health Date: 12/17/20 Administration 19a-79-3a ☒ 2. New Staff-Employee Orientation ☒ 3. Annual Staff Policy Training ☒ 4. Documentation of Behavior M. Tech Discussed w/Parents ☒ 5. Notification of Change ☒ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy ☒ 7. Daily Attendance Records: Children/Staff Items Posted: Conspicuous/Accessible ☒ 8. License ☒ 9. Current Fire Marshal Certificate Date: 1/22/21 ☒ 10. OEC Complaint Procedure ☒ 11. Food Service Certificate Date: ex 6/30/22 ☒ 12. Menus ☒ 13. Emergency Plans ☒ 14. No Smoking Signs ☒ 15. Radon Test (Y/N) Date: 4/4/07 Results: 0.2 Staffing 19a-79-4a ☒ 16. Staff Health Records/TB Tests ☒ 17. Professional Development ☒ 18. Disciplinary Actions ☒ 19. Designated Head Teacher/60% ☒ 20. Two Staff Present ☒ 21. Ratio: 1 Staff to 10 Children ☒ 22. Group Size: Maximum 20 Children ☒ 23. Designated Director/Training ☒ 24. CPR Certified Staff ☒ 25. First Aid Trained Staff Consultants ☒ 26. Agreements/Contracts (Complete/Signed Annually) <table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Social Service</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dental</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table> ☒ 27. Logs/Visits Documented Swimming: (Y/N) ☒ 28. Non-Swimmers Identified ☒ 29. Staff/Child Ratios ☒ 30. CPR Certified Staff (20 years of age) ☒ 31. Lifeguard Certified/Supervision			Contracts	Logs	Education	✓	✓	Health	✓	✓	Social Service	✓	✓	Dental	✓	✓	Dietitian	✓	✓	Record Keeping 19a-79-5a ☒ 32. Enrollment Information ☒ 33. Emergency Medical Permission ☒ 34. Authorized Released Permission ☒ 35. Field Trip Permission ☒ 36. Transportation Permission ☒ 37. Child Health Records/Immunizations/TB ☒ 38. Individual Care Plan (Signed by Parent/Staff) ☒ 39. Injury/Illness/Accident Reports Health and Safety 19a-79-6a ☒ 40. Nutritious Snacks/Meals (Required Food Groups) ☒ 41. Proper Refrigeration ☒ 42. Kitchen Separated ☒ 43. Hand Washing Before Eating/Food Handling ☒ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory Physical Plant 19a-79-7a ☒ 45. License Premise: Clean/Good Repair/Hazard Free ☒ 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public/Well ☒ 49. Lead Water Test Date: 12/10/19 Bacterial/Chemical Test (Y/N) Date: _____ ☒ 50. Walkways Maintained ☒ 51. Designated Staff Toilet/Sink ☒ 52. All Openings for Ventilation Screened ☒ 53. Windows Protected to Prevent Falls ☒ 54. Glass Protected to 36" ☒ 55. Overhead Doors Locking Devices/Spring Protectors ☒ 56. Exits/Hallways and Stairs Unobstructed ☒ 57. Individual Storage of Clothing/Bedding ☒ 58. Smoking Prohibited ☒ 59. Matches/Lighters Inaccessible ☒ 60. Electrical Safety: Outlets/Cords ☒ 61. Toileting Needs Met ☒ 62. Required Toilets/Sinks/Supplies ☒ 63. Potty Chairs: Nonporous/Emptied/Disinfected ☒ 64. Hand Washing After Toileting: Staff/Children ☒ 65. Ventilation in Toilet Room ☒ 66. Air Temp 65°, Thermometer Affixed		
	Contracts	Logs																				
Education	✓	✓																				
Health	✓	✓																				
Social Service	✓	✓																				
Dental	✓	✓																				
Dietitian	✓	✓																				
Signature of OEC Representative: Erin Wraight		Written Corrective Action Plan Due to OEC by: 8/31/21		Signature of Person in Charge: Elizabeth Marek																		

Print name: Erin Wraight

Print name: Elizabeth Marek

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Educational Playcare Ltd- simsbury		License Number: 16415	Date of Inspection: 8/17/21
<u>Physical Plant continued:</u> ☒ 67. Water Temperature 60°-115° ☒ 68. Portable Space Heaters ☒ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair ☒ 70. Rugs Secure ☒ 71. Hot Water/Steam Pipes Protected ☒ 72. Working Phone on Each Level ☒ 73. Emergency Numbers Posted ☒ 74. Adequate Lighting: 50/30 Candle Feet ☒ 75. Light Fixtures Shielded/Shatter Proof ☒ 76. Potentially Hazardous Substances Locked ☒ 77. Garbage/Rubbish Disposed Daily ☒ 78. Stairs Protected/Good Repair/Handrails ☒ 79. Pets: Maintained/Care Plan (Y/N) ☒ 80. Operable CO Detector on Each Level (Y/N) ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 82. Equipment: Good Repair/Safe/Non-toxic ☒ 83. Cots Stored/Maintained/Adequate Number ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) ☒ 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child ☒ 88. Impact Absorbing Material under Equipment ☒ 89. Playground Free from Hazards ☒ 90. Peeling Paint (Y/N) Sample Taken (Y/N) ☒ 91. Lead Management Plan (Y/N) ☒ 92. Equipment Anchored/Safely Arranged ☒ 93. Outdoor Play Area Protected/Fenced ☒ 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> ☒ 95. Written Plan for Daily Program Available to Parents/Staff ☒ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <u>Administration of Medications 19a-79-9a</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> ☒ 108. KI Pills Parent Permission/Storage		<u>Under Three Endorsement 19a-79-10</u> ☒ 109. Approved Endorsement ☒ 110. Ratio: 1 Staff to 4 Children ☒ 111. Group Size no Larger than 8 ☒ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) ☒ 113. Adequate Sinks in Program Space ☒ 114. Free Standing/Well-Constructed/Safe Cribs ☒ 115. Washable Cots ☒ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray ☒ 117. Dev. Appropriate Tables/Chairs/Equipment ☒ 118. Refrigerators and Food Prep Facilities ☒ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use ☒ 120. Washed/Disinfected ☒ 121. Disposable Paper Sheets ☒ 122. Covered Waste Receptacle ☒ 123. Diaper Changing Policy Posted ☒ 124. Hand Washing Policy Posted ☒ 125. Individual Storage of Personal Items ☒ 126. Cribs/Cots Washed/Disinfected ☒ 127. Under 12 Months Placed on Back for Sleeping ☒ 128. Alternate Sleep Position/Equip-Medical Document (Y/N) ☒ 129. Crib/Bed Used for Infant Sleeping ☒ 130. Crib/Bed Free from Observable Hazards ☒ 131. Infant Toys Separate/Washed/Disinfected Daily ☒ 132. No Toys/Objects Less than 1 1/4" Diameter ☒ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible ☒ 134. Health Consultant/Documentation of Visits ☒ 135. Infants Held for Bottles/Individual Attn/Tummy Time ☒ 136. Written Statement/Feeding Schedule from Parent ☒ 137. Unused Portions of Liquids Discarded ☒ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing ☒ 139. Food Served from Dish or Whole Jar Served ☒ 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> ☒ 141. Play Space Fenced ☒ 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> ☒ 148. Approved Endorsement ☒ 149. Written Program Plan/Supervision ☒ 150. Staff Awake/Available ☒ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel ☒ 152. Individual Storage of Personal Items ☒ 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> No children enrolled ☒ 154. Written Policies/Procedures ☒ 155. On Site Staff Trained in First Aid/Glucose Testing ☒ 156. Training Current/Documented ☒ 157. Supervision of Self Administration ☒ 158. Equipment/Supplies: Labeled/Inaccessible ☒ 159. Signed Agreement w/Parent Regarding Equipment ☒ 160. Materials Discarded Appropriately ☒ 161. Authorized Prescriber/Parent Permission ☒ 162. Documentation of Test Results/Actions Taken ☒ 163. Daily Written Parent Notifications	
Signature of OEC Representative Erin Wraight		Written Corrective Action Plan Due to OEC by: 8/31/21	Signature of Person in Charge Elizabeth March
Print Name: Erin Wraight		Print Name: Elizabeth March	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program Provider: Educational Playcare - Simsbury License # 16415 Date: 8/17/21Observations/Corrections needed:

- 34. observed 3 children without authorized release permission
- 37. 1 child without current physical/immunizations on file
- 38. 1 allergy care plan not observed, care plan for child with leg braces not signed by parent or staff
- 88. less than 8" of woodchips under metal climber
- 93. Fence measuring less than 4 feet in several areas
- 103. observed motrin unlocked in classroom medication bag
- 104. Axi Q expired 7/3/21
- 110. observed 16 children in total under age 3 in preschool rooms not meeting 1:4 ratio without permission to do so.
- 111. observed children under age 3 in group sizes larger than 8 without permission to do so.

Discussed: ① First Aid ointment without Dr. permission ② clean toilets throughout ③ cleanup unused, licensed play yards ④ behavior management / tone of toddler staff member

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: Erin Wraight
(OEC Representative)Print Name: Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Elizabeth Marek
(Person in Charge)OEC BY: 8/31/21Print Name: Elizabeth Marek