

Post for 30  
Operating  
Days

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302 Hartford, CT 06103  
Phone (800)-282-6063 Fax (860)-326-0552

### CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>Cooley's Kids Care</b>	License Number: <b>70513</b>	Date of Inspection: <b>8/26/21</b>	Time of Arrival: <b>8:45</b>
Address: <b>48 Upton Rd</b>	Expiration Date: <b>9/30/23</b>	Licensed Capacity: <b>85</b>	Under 3 Capacity: <b>31</b>
Town: <b>Colchester, CT 06415</b>	Telephone: <b>860-537-1782</b>	# of children present: <b>49</b>	# of staff present: <b>9</b>
Operator: <b>BJ's Kids World LLC</b>	Director: <b>Patricia A. Roy</b>	Head Teacher: <b>Laura Cippolone</b>	
Email: <b>cooleyskids@sbcglobal.net</b>	Summer Care: <b>Open</b>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: <b>7:00am - 6:00pm</b>	Ages Served: <b>6 weeks - 12 years</b>		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

#### Licensure Procedures 19a-79-2a

1. Local Health Date: \_\_\_\_\_

#### 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: **8/13/21**
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **4/14/21** Results: **1.8 pCi/l**

#### 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)

	Contracts	Logs
Education	✓	
Health	✓	
Social Service	✓	
Dental	✓	
Dietitian	—	—

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

Signature of OEC Representative: \_\_\_\_\_

Written Corrective Action Plan Due to OEC by: **9/9/21**

Signature of Person in Charge: \_\_\_\_\_

**Patricia Roy**  
Print name: **Patricia Roy**

Print name: **Johanne Dalo**

#### 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

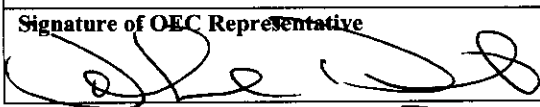
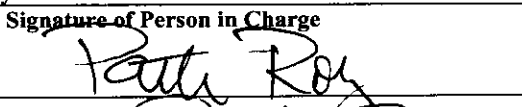
- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

#### 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: **10/22/19**  
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

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## CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Curley's Kids Care</u>	License Number: <u>70513</u>	Date of Inspection: <u>8/26/21</u>
<u>Physical Plant (Continued):</u> <input type="checkbox"/> 67. Water Temperature 60°-115° <input type="checkbox"/> 68. Portable Space Heaters <input type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input type="checkbox"/> 70. Rugs Secure <input type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> <input type="checkbox"/> 108. KI Pills Parent Permission/Storage	<u>Under Three Endorsement 19a-79-10</u> <input checked="" type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: <u>9/9/21</u>	Signature of Person in Charge 
Print Name: <u>Johanne Dalo</u>	Print Name: <u>Patti Roy</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cowley's Kids Care License # 70513 Date: 8/26/21

Observations/Corrections needed:

19a-79-3a(a) Program failed to ensure the health and safety of 1 child when per physician, child is required to have benadryl on site and no medication at the program

19a-79-4a(c)(6): The overall staff child ratios were not maintained at naptime when I observed 22 children under 3 / 5 staff and 37 pk SA / 4 staff.

#1 Current local health inspection not available

#4 Observed 4 children without documentation of behavior management techniques discussed with parents

#6 Observed incomplete policies (abuse & neglect / late pick up, diaper changing that is posted) Checklist provided.

#7 Observed 1 staff without arrival and departure times

#27 No annual review of policies and educational program from Education, Social Services, and dental consultants since 2018

#38 Observed 1 individual care plan not signed by any staff

#42 Observed kitchen door left opened.

#45 Observed porous surfaces (waddlers - doors under changing table and handwashing sink / T1 - shelf in bathroom / T2 - on changing table / staff bathroom - wall above sink), 2 sipped soft cubes (waddlers), dirty wall vents, dirty toilets

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]  
(QEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 9/9/21

Print Name: Patti Roy

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cowley's Kids Care License # 70513 Date: 8/26/21

Observations/Corrections needed:

- in P2/T1, dirty water faucet in S.A, dirty ceiling vents
- in bathrooms, rusted microwave (T2), ~~black substance on playground fence.~~
- #49 Water test not current
- #60 Observed outlets not covered (1 in T1 / 1 hallway / 8 in SA)
- #67 Water temperature exceeding 115° was observed (130° T1 / 128 SA)
- #69 Observed spray mg (T1) and 1 stained ceiling tile (P2 bath.)
- #76 Observed liquid bathroom cleaner not locked.
- #82 Observed white closet not secured (T1) and black substance on fence in playground.
- #99 Observed several diaper creams without forms and MAR not kept on file at the facility
- #100 Observed several diaper creams not labeled and several of them accessible to children (T1-T2)
- #102 Observed 3 Tylenols without authorized prescriber's forms, observed 1 form without parent signature, observed 2 forms without start and / or end dates, observed 1 form not matching name of medication and dosage.

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Signature: [Signature]

(OEC Representative)  
Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 9/9/21

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Curley's Kids Care License # 70513 Date: 8/26/21

## Observations/Corrections needed:

- #103 Observed Tylenol bottles not locked and Anvi Q without label.
- #104 Observed expired medication 2/21, child no longer enrolled and med on site.
- #110 Observed 8 children with 1 child at naptime (5 children were awake)
- #113 Observed bucket ~~(<sup>30</sup>)~~ (waddlers), and a vacuum parts in handwashing sink (inf)
- #37 Observed 1 expired child record (4/6/18)
- #88 No documentation for turf and soft surfaces on playground regarding impact absorbing.

## Discussion:

→ 1 staff expired health record and 2 expired child health records (2/5/20 & 6/4/20) - "Provider must come into compliance immediately"

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Signature: \_\_\_\_\_

(OEC Representative)

Johanne Dalo

Signature: \_\_\_\_\_

(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: \_\_\_\_\_

9/9/21