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: The Children's Clubhouse	License Number: 70401	Date of Inspection: 9/2/21	Time of Arrival: 9:30
Address: 1 Salmon Brook St.	Expiration Date: 3/31/2022	Licensed Capacity: 97	Under 3 Capacity: 44
Town: Granby	Telephone: 860-653-0011	# of children present:	# of staff present:
Operator: The Children's Club House LLC	Director: Meg Putnam		
Email: yesmam17@hotmail.com	Head Teacher: Nicole Goldschmidt		
Hours of Operation: 6:30-6:00	Summer Care: Open		
Ages Served: 6 wks - 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
- O 1. Local Health Date: 3/26/18

Administration 19a-79-3a
- √ 2. New Staff-Employee Orientation
- √ 3. Annual Staff Policy Training
- O 4. Documentation of Behavior M. Tech Discussed w/Parents
- O 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: 10/27/20
- √ 10. OEC Complaint Procedure
- √ 11. Food Service Certificate Date: N/A
- O 12. Menus
- O 13. Emergency Plans
- √ 14. No Smoking Signs
- √ 15. Radon Test (Y/N) Date: 3/20/18 Results: .3

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
- O 23. Designated Director/Training
- √ 24. CPR Certified Staff
- √ 25. First Aid Trained Staff

Consultants
- O 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	√	√
Health	√	√
Social Service	O	√
Dental	O	√
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

Record Keeping 19a-79-5a
- √ 32. Enrollment Information
- √ 33. Emergency Medical Permission
- √ 34. Authorized Released Permission
- √ 35. Field Trip Permission
- √ 36. Transportation Permission
- O 37. Child Health Records/Immunizations/TB
- O 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 (Y/N)
- √ 43. Hand Washing Before Eating/Food Handling
- √ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a
- O 45. License Premise: Clean/Good Repair/Hazard Free
  Peeling Paint (Y/N) Sample Taken (Y/N)
  Building Pre-78 (Y/N) Lead Test (Y/N)
  Results: —
- √ 47. Lead Management Plan (Y/N) N/A
- √ 48. Sanitary Drinking Fountains/Disposable Cups
  Water Supply: Public/Well
- √ 49. Lead Water Test Date: 6/19/21
  Bacterial/Chemical Test (Y/N) Date: 5/7/21
- √ 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 (Y/N)
- √ 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 (Y/N)
- √ 64. Hand Washing After Toileting: Staff/Children
- O 65. Ventilation in Toilet Room
- O 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:
Linda Moylan	9/16/21	Jennifer Scriven

Print name: Linda Moylan

Print name: Jennifer Scriven

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: The Children's Clubhouse

License Number: 70401

Date of Inspection: 9/2/21

Physical Plant continued:
- 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
- LM ✓ 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

Outdoor Space
- 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) N/A
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Play Area Protected/Fenced
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a
- 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

Administration of Medications 19a-79-9a
- 97. Written Policies/Procedures
- LM ✓ 98. Training Outline on file

Nonprescription Topical Medications
- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed

Self-Administration
- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide
- 108. KI Pills Parent Permission/Storage
N/A

Under Three Endorsement 19a-79-10
- 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
- LM ✓ 132. No Toys/Objects Less than 1 ¼" 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

Outdoor Play Space-Under Three:
- 141. Play Space Fenced
- 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11
- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)
N/A
- 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

Monitoring of Diabetes 19a-79-13 None
- 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	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Linda Moylan	9/16/21	Jennifer Scriven

Print Name: Linda Moylan

Print Name: Jennifer Scriven

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Club House License # 70401 Date: 9/2/21

Observations/Corrections needed:

#1- Local health inspection expired- 3/18.
4- Not all files with behavior management review documented.
5- Notification of change not submitted for director or head teacher changes.
12- Snack menu not posted.
13- Emergency plans not posted.
23- Director training not on site.
26- Social Service and dental consultant agreements expired.
~~37- Child health record expired.~~ LM
38- Care plan not signed by parent or staff.
LM ~~65~~ 45- Many areas in need of cleaning/storage in rooms not ~~being~~ LM currently used but counted in capacity. (library/art room/loft/Sprouts.) Radiator sharp-gal coming of wall, cubby not bolted, Wooden planter tip hazard, cabinet door broken & dirty shelves.
65- One bathroom without ventilation.
66- Thermometer not observed in all rooms.
69- Ceiling peeling, wall peeling, dirty wall, floor, rugs.

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: Linda Moylan
(OEC Representative)
Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Linda Moylan 9/16/21

Signature: Jennifer Scriven
(Person in Charge)
Jennifer Scriven

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Club house License # 70401 Date: 9/2/21

Observations/Corrections needed:

84- Hand made climber does not appear appropriate for toddlers. Design may not be safe. Not to be used.
88- Impact material is less than 8" under climbing equipment/slides.
89- Wood chips choking hazard for under threes. No plan in place.
113- ~~Child~~ LM Infants hands observed not to be washed after change. Staff's hand not washed after change/following glove removal.
133- Plastic bag observed accessible.
119- Pad observed to be torn.
~~98- Training outline not available.~~ LM

Discussed and left Emergency ~~Plan~~ LM Preparedness Plan requirements for C4K. Provider will update the plans to meet the requirements.
Care 4 Kids orientation required for all staff.

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(OEC Representative)
Print Name: Linda Moylan

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Signature: Jennifer Scriven
(Person in Charge)
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