

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: <u>Willow tree Montessori</u>	License Number: <u>70312</u>	Date of Inspection: <u>9/20/21</u>	Time of Arrival: <u>11:45</u>
Address: <u>171 Amity Rd</u>	Expiration Date: <u>8/31/24</u>	Licensed Capacity: <u>50</u>	Under 3 Capacity: <u>12</u>
Town: <u>Bethany</u>	Telephone: <u>(203) 393-3100</u>	# of children present: <u>31</u>	# of staff present: <u>6</u>
Operator: <u>Willow tree Montessori</u>	Director: <u>Rhonda Biellik</u>		
Email: <u>wtmontessori@wtm-earth</u>	Head Teacher: <u>Rhonda Biellik</u>		
Hours of Operation: <u>8:30-3:00</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>16 months - 6 years</u>	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: 5/29/19
- ☐ 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: 8/9/18
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: _____
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 3/13/16 Results: 2.3

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
- ☒ 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	n/a	n/a

- ☒ 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
- ☒ 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
- ☒ 49. Lead Water Test Date: 3/29/21
- ☒ Bacterial/Chemical Test (Y/N) Date: 5/18/21
- ☒ 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
- ☒ 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

Signature of OEC Representative:

Jaime Fortin
Print name: Jaime Fortin

Written Corrective Action Plan Due to OEC by: 10/4/21

Signature of Person in Charge:

Carol Sloman
Print name: Carol Sloman

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:

Willow tree Montessori

License Number:

70312

Date of

Inspection:

9/20/21

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
- ☒ 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)
- ☒ 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
- ☒ 98. Training Outline on file
- ☒ 99. Administration/Parent Permission/MAR
- ☒ 100. Labeling/Storage
- ☒ 101. Med Trained Staff/Certificates
- ☒ 102. Authorized Prescriber/Parent Permission/MAR
- ☒ 103. Labeling/Storage
- ☒ 104. Unused/Expired Meds Returned/Disposed
- ☒ 105. Authorized Prescriber/Parent Permission/MAR
- ☒ 106. Labeling/Storage

n/a ☒ 107. Approved Petition For Special Med Authorization

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
- ☒ 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

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)

- ☒ 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

- ☒ 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

Jame Fortin

Written Corrective Action Plan

Due to OEC by
10/4/21

Signature of Person in Charge

Carol Sloman

Print Name: Jame Fortin

Print Name: Carol Sloman

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Willowtree MontessoriLicense # 70312Date: 9/20/21

Observations/Corrections needed:

- ① Local Health Inspection not current
- ② No documentation of new staff Orientation
- ③ No documentation of annual staff training
- ④ Daily attendance does not reflect exact time in/out daily
- ④ No documentation of staff CPR certified on site
- ⑤ No documentation of staff 1st Aid certified on site
- ③ Child enrollment forms missing start date.
- ③ Care Plans missing staff and parent signatures.
- 1 Care Plan not observed for child with Eczema and 5 different Medications -
- ⑩ No documentation of staff trained in injectable Medications
- ⑩ 2 medications on non topical forms and not Medication Administration Records. 2 medication forms missing start/end date.
- ⑩ 1st Aid Kits included Medications and not stored properly.
- ⑨ Fire Marshall certificate not current

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/4/21Signature: Jame Fortin

(OEC Representative)

Print Name: Jame FortinSignature: Carol Sloman

(Person in Charge)

Print Name: Carol Sloman