

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Old Stone Church Early Learning Center</u>	License Number: <u>13420</u>	Date of Inspection: <u>10/1/21</u>	Time of Arrival: <u>12:30pm</u>
Address: <u>251 Main St.</u>	Expiration Date: <u>5/31/25</u>	Licensed Capacity: <u>56</u>	Under 3 Capacity: <u>0</u>
Town: <u>East Haven</u>	Telephone: <u>203-467-0661</u>	# of children present: <u>9</u>	# of staff present: <u>2+</u>
Operator: <u>Old Stone Church Board of Trustees</u>	Director: <u>Jennifer Calanico</u>	Head Teacher: <u>Jennifer Calanico</u>	
Email: <u>oldstonechurchplayschool@gmail.com</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>7:30am - 5:15pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>3yrs - 8yrs</u>	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)		

License Procedures 19a-79-2a

1. Local Health Date: 6/1/21

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: 11/23/20
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 3/3/17 Results: 1.0

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>

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
Water Supply: Public/Well
- 49. Lead Water Test Date: 7/13/20
Bacterial/Chemical Test (Y/N) Date: NA
- 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: <u>Jul Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>10/15/21</u>	Signature of Person in Charge: <u>Kim Oca</u>
Print name: <u>Jul Montanye</u>		Print name: <u>Kim Oca</u>

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- 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
 - 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

- 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 Fil Montanye	Written Corrective Action Plan Due to OEC by: 10/5/21	Signature of Person in Charge Kim Oca
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Print Name: Fil Montanye Print Name: Kim Oca

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Old Stone Church Early Learning Center License # 13420 Date: 10/1/21

Observations/Corrections needed:

#37 1 out of 6 children's physicals not current

#102 Observed 2 medication orders on school personnel forms

Discussion

- BCIS background check
 - 4 kids orientations
 - CCDF emergency plans
 - vaccine card documentation observed for staff
- program must come into compliance with declaration page for all staff
- waivers ended 6/30/21 program must come into compliance with dental consultant agreement and log
 - sand compacted in some areas around climbers and rocking animals on playground.

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]
(OEC Representative)
Print Name: Al Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Kim Oca

OEC BY: 10/15/21