

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: West Hartford Methodist Nursery School	License Number: 12917	Date of Inspection: 10/4/21	Time of Arrival: 10:40
Address: 7 Berkshire Road	Expiration Date: 11/30/21	Licensed Capacity: 30	Under 3 Capacity: 0
Town: West Hartford	Telephone: (860)521-8063	# of children present: 26	# of staff present: 5
Operator: West Hartford United Methodist Church	Director: Lisa Brown		
Email: whmns@snet.net	Head Teacher: Lisa Brown		
Hours of Operation: Mon-Fri 9am-1pm	Summer Care: closed		
Ages Served: 3-5 years	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

<p>Licensure Procedures 19a-79-2a</p> <p><input type="checkbox"/> 1. Local Health Date: 3/29/19</p> <p>Administration 19a-79-3a</p> <p><input checked="" type="checkbox"/> 2. New Staff-Employee Orientation</p> <p><input checked="" type="checkbox"/> 3. Annual Staff Policy Training</p> <p><input checked="" type="checkbox"/> 4. Documentation of Behavior M. Tech Discussed w/Parents</p> <p><input checked="" type="checkbox"/> 5. Notification of Change</p> <p><input checked="" type="checkbox"/> 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy</p> <p><input checked="" type="checkbox"/> 7. Daily Attendance Records: Children/Staff</p> <p>Items Posted: Conspicuous/Accessible</p> <p><input checked="" type="checkbox"/> 8. License</p> <p><input type="checkbox"/> 9. Current Fire Marshal Certificate Date: 5/9/19</p> <p><input checked="" type="checkbox"/> 10. OEC Complaint Procedure</p> <p><input checked="" type="checkbox"/> 11. Food Service Certificate Date: n/a</p> <p><input checked="" type="checkbox"/> 12. Menus</p> <p><input checked="" type="checkbox"/> 13. Emergency Plans</p> <p><input checked="" type="checkbox"/> 14. No Smoking Signs</p> <p><input checked="" type="checkbox"/> 15. Radon Test (Y/N) Date: 3/18/10 Results: 0.8</p> <p>Staffing 19a-79-4a</p> <p><input type="checkbox"/> 16. Staff Health Records/TB Tests</p> <p><input checked="" type="checkbox"/> 17. Professional Development</p> <p><input checked="" type="checkbox"/> 18. Disciplinary Actions</p> <p><input checked="" type="checkbox"/> 19. Designated Head Teacher/60%</p> <p><input checked="" type="checkbox"/> 20. Two Staff Present</p> <p><input checked="" type="checkbox"/> 21. Ratio: 1 Staff to 10 Children</p> <p><input checked="" type="checkbox"/> 22. Group Size: Maximum 20 Children</p> <p><input checked="" type="checkbox"/> 23. Designated Director/Training</p> <p><input checked="" type="checkbox"/> 24. CPR Certified Staff</p> <p><input checked="" type="checkbox"/> 25. First Aid Trained Staff</p> <p>Consultants</p> <p><input checked="" type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually)</p> <table border="1" style="margin-left: 20px;"> <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>n/a</td> <td>n/a</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> 27. Logs/Visits Documented</p> <p>Swimming: (Y/N)</p> <p><input checked="" type="checkbox"/> 28. Non-Swimmers Identified</p> <p><input checked="" type="checkbox"/> 29. Staff/Child Ratios</p> <p><input checked="" type="checkbox"/> 30. CPR Certified Staff (20 years of age)</p> <p><input checked="" type="checkbox"/> 31. Lifeguard Certified/Supervision</p>		Contracts	Logs	Education	✓	✓	Health	✓	✓	Social Service	✓	✓	Dental	✓	✓	Dietitian	n/a	n/a	<p>Record Keeping 19a-79-5a</p> <p><input checked="" type="checkbox"/> 32. Enrollment Information</p> <p><input checked="" type="checkbox"/> 33. Emergency Medical Permission</p> <p><input checked="" type="checkbox"/> 34. Authorized Released Permission</p> <p><input checked="" type="checkbox"/> 35. Field Trip Permission</p> <p><input checked="" type="checkbox"/> 36. Transportation Permission</p> <p><input checked="" type="checkbox"/> 37. Child Health Records/Immunizations/TB</p> <p><input checked="" type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff)</p> <p><input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports</p> <p>Health and Safety 19a-79-6a</p> <p><input checked="" type="checkbox"/> 40. Nutritious Snacks/Meals (Required Food Groups)</p> <p><input checked="" type="checkbox"/> 41. Proper Refrigeration</p> <p><input checked="" type="checkbox"/> 42. Kitchen Separated</p> <p><input checked="" type="checkbox"/> 43. Hand Washing Before Eating/Food Handling</p> <p><input checked="" type="checkbox"/> 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory</p> <p>Physical Plant 19a-79-7a</p> <p><input checked="" type="checkbox"/> 45. License Premise: Clean/Good Repair/Hazard Free</p> <p><input checked="" type="checkbox"/> 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public Well</p> <p><input checked="" type="checkbox"/> 49. Lead Water Test Date: 7/29/21 Bacterial/Chemical Test (Y/N) Date: n/a</p> <p><input checked="" type="checkbox"/> 50. Walkways Maintained</p> <p><input checked="" type="checkbox"/> 51. Designated Staff Toilet/Sink</p> <p><input checked="" type="checkbox"/> 52. All Openings for Ventilation Screened</p> <p><input checked="" type="checkbox"/> 53. Windows Protected to Prevent Falls</p> <p><input checked="" type="checkbox"/> 54. Glass Protected to 36"</p> <p><input checked="" type="checkbox"/> 55. Overhead Doors Locking Devices/Spring Protectors</p> <p><input checked="" type="checkbox"/> 56. Exits/Hallways and Stairs Unobstructed</p> <p><input checked="" type="checkbox"/> 57. Individual Storage of Clothing/Bedding</p> <p><input checked="" type="checkbox"/> 58. Smoking Prohibited</p> <p><input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible</p> <p><input checked="" type="checkbox"/> 60. Electrical Safety: Outlets/Cords</p> <p><input checked="" type="checkbox"/> 61. Toileting Needs Met</p> <p><input checked="" type="checkbox"/> 62. Required Toilets/Sinks/Supplies</p> <p><input checked="" type="checkbox"/> 63. Potty Chairs: Nonporous/Emptied/Disinfected</p> <p><input checked="" type="checkbox"/> 64. Hand Washing After Toileting: Staff/Children</p> <p><input checked="" type="checkbox"/> 65. Ventilation in Toilet Room</p> <p><input checked="" type="checkbox"/> 66. Air Temp 65°, Thermometer Affixed</p>
	Contracts	Logs																	
Education	✓	✓																	
Health	✓	✓																	
Social Service	✓	✓																	
Dental	✓	✓																	
Dietitian	n/a	n/a																	

Signature of OEC Representative: Erin Wraight	Written Corrective Action Plan Due to OEC by: 10/18/21	Signature of Person in Charge: Lisa I. Brown
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Print name: Erin Wraight Print name: Lisa I. Brown

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>West Hartford Methodist Nursery School</u>		License Number: <u>12917</u>	Date of Inspection: <u>10/4/21</u>
<u>Physical Plant continued:</u> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" 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 checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage		<u>Under Three Endorsement 19a-79-10</u> <input 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 type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> <input type="checkbox"/> 141. Play Space Fenced <input type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input 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 No children enrolled</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 <u>Erinwraight</u>		Written Corrective Action Plan Due to OEC by: <u>10/18/21</u>	Signature of Person in Charge <u>Lisa I. Brown</u>
Print Name: <u>Erinwraight</u>		Print Name: <u>Lisa I. Brown</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Hartford Methodist License # 12917 Date: 10/4/21
Nursery School

Observations/Corrections needed:

- 1. Local health inspection not current
- 9. Fire marshal certificate not current
- 16. 1 staff without a physical or TB test on file
- 104. AUI @ expired

Discussed: ① dental consultant Log/annual review ② complete Affidavit for Legal Representative ③ Appendix A Declaration for vaccines

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
OEC BY: 10/18/21

Signature: Lisa J. Brown
(Person in Charge)
Print Name: Lisa J. Brown