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: School on the Green | License Number: 13485 | Date of Inspection: 10/20/21 Time of Arrival: 9:00 |
| Address: 25 South Street | Expiration Date: 5/31/22 | Licensed Capacity: 22 Under 3 Capacity: 0 |
| Town: Litchfield | Telephone: 860 567-0863 | # of children present: 14 # of staff present: 2 |
| Operator: School on the Green | Director: Sara Schuch | |
| Email: info@schoolonthegreen[illegible].com | Head Teacher: Sheri Cheverie | |
| Hours of Operation: M-F 9-1:00 | Summer Care: closed | |
| Ages Served: 3 to 5 | 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: 3/15/21

**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: 1/13/21
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: _____
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 3/18/18 Results: 1.3/1.2

**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
  Water Supply: Public/Well
- ☑ 49. Lead Water Test Date: 4/14/21
  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

| | | |
|---|---|---|
| Signature of OEC Representative: Jaime Fortin | Written Corrective Action Plan Due to OEC by: 11/3/21 | Signature of Person in Charge: Sheri Cheverie |
| Print name: Jaime Fortin | | Print name: Sheri Cheverie |

# CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: School on the Green | License Number: 13485 | Date of Inspection: 10/20/21

**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** n/a

- ☑ 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
- n/a ☐ 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 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
- n/a ☐ 142.Outdoor Equipment: Dev. Appropriate

**School Age Children Endorsement 19a-79-11**

- ☐ 143. Approved Endorsement
- ☐ 144. Activity choices appropriate
- n/a ☐ 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
- n/a ☐ 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** n/a

- ☑ 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 |
|---|---|---|
| Jaime Fortin | 11/3/21 | Sheri Cheverie |
| Print Name: Jaime Fortin | | Print Name: Sheri Cheverie |

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: School on the Green License # 13485 Date: 10/20/21

Observations/Corrections needed:

BCI and Background Checks discussed at visit

19a-79-3g: Provider failed to comply with the vaccine requirements in accordance with Governor's order when 1 staff's vaccine documentation was not observed and signed declaration not observed for staff.

(32) Enrollment information missing start date and parents work address and work phone number

Discussed: Moving licensing Board to accessible spot. (items that require posting)

**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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/3/2021

Signature: _____
(Person in Charge)
Print Name: _____