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: Children's House of Montessori	License Number: 15455	Date of Inspection: 11-8-21 Time of Arrival: 9:00am
Address: 16666 Litchfield Turnpike	Expiration Date: 9-30-22	Licensed Capacity: 76 Under 3 Capacity: 16
Town: Woodbridge	Telephone: 203-397-8178	# of children present: 32 # of staff present: 5
Operator: The Children's House of Montessori Inc	Director: Carolyn Chapman	
Email: Childrens_house@att.net	Head Teacher: Shazia Lodi	
Hours of Operation: M-F 8:45 - 5pm	Summer Care: Open	
Ages Served: 1 Year - 6 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
- ☑ 1. Local Health Date: 9-10-21

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: 8-31-21
- ☑ 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: 2-22-00 Results: 1.1

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	NA	NA

- ☐ 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: 9-4-20
  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:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:
D. Wassenhove	11-22-21	Carolyn Chapman
Print name: Dianna Wassenhove		Print name: Carolyn Chapman

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Children's House of Montessori

License Number: 15455

Date of Inspection: 11-8-21

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

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 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 at this time

- ☑ 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
D. Wassenhove	11-22-21	Carolyn Chapman

Print Name: Diana Wassenhove

Print Name: Carolyn Chapman

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori License # 154455 Date: 11-8-21

Observations/Corrections needed:

#6 - Program is missing policies
#7 - Staff and child sign in/out sheets not complete
#16 - Observed three staff with expired physicals
#24 - No documentation of CPR staff certified
#25 - No documentation of first aid staff certified
#26 - Observed two expired consultant agreements
#27 - Observed no current consultant logs for two consultants
#37 - Observed two child files with no documented f/u
#38 - Observed two emergency meds with no care plan signed by staff
#64 - Observed no handwashing of child after diaper change
#101 - Observed no injectable trained staff on site
#103 - observed one emergency med with no original box or label

Discussed: Chemicals being locked, new updated staff medical form
Provider understand BCIS requirements

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: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carolyn Chapman
(Person in Charge)

OEC BY: 11-22-21

Print Name: Carolyn Chapman