

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <b>NECCI @ Ruth Chaffee</b>	License Number: <b>12817</b>	Date of Inspection: <b>11/15/21</b>	Time of Arrival: <b>8:00</b>
Address: <b>100 Superior Ave</b>	Expiration Date: <b>10/31/25</b>	Licensed Capacity: <b>100</b>	
Town: <b>Newington 06111</b>	Telephone: <b>800-665-7053</b>	# of children present: <b>24</b>	# of staff present: <b>4</b>
Operator: <b>Newington Elementary Children's Center Inc.</b>	Director: <b>Margaret Rubino</b>	Head Teacher: <b>Caitlin Mangan</b>	
Email: <b>tizi@mynecci.com</b>	Summer Care: <b>closed</b>		
Hours of Operation: <b>M-F 7:00-8:30am 3:00-5:30pm</b>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <b>5-11</b>			

<p><b>Licensure Procedures 19a-79-2a</b></p> <p><input type="checkbox"/> 1. Local Health Inspection Date: <u>7/30/19</u></p> <p><b>Administration 19a-79-3a</b></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><b>Items Posted: Conspicuous/Accessible</b></p> <p><input type="checkbox"/> 8. License</p> <p><input checked="" type="checkbox"/> 9. Current Fire Marshal Certificate Date: _____</p> <p><input checked="" type="checkbox"/> 10. OEC Complaint Procedure</p> <p><input checked="" type="checkbox"/> 11. Food Service Certificate Date: <u>n/a</u></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><u>n/a</u> <input type="checkbox"/> 15. Radon Test (Y/N) Date: _____ Results: _____</p> <p><b>Staffing 19a-79-4a</b></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"/> 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><b>Consultants</b></p> <p><input checked="" type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually)</p> <table border="1" style="margin-left: 40px;"> <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><u>n/a</u></td> <td><u>n/a</u></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> 27. Logs/Visits Documented</p> <p><b>Swimming: (Y/N)</b></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	<u>n/a</u>	<u>n/a</u>	<p><b>Record Keeping 19a-79-5a</b></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 type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff)</p> <p><input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports</p> <p><b>Health and Safety 19a-79-6a</b></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><b>Physical Plant 19a-79-7a</b></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</p> <p>Water Supply: Public/Well</p> <p><u>n/a</u> <input type="checkbox"/> 49. Lead Water Test (Y/N) Date: _____</p> <p>Bacterial/Chemical Test (Y/N) Date: _____</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"/> 53. Windows Protected to Prevent Falls</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"/> 58. Smoking Prohibited</p> <p><input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible</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"/> 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 Temperature Comfortable</p> <p><input checked="" type="checkbox"/> 68. Portable Space Heaters</p> <p><input checked="" type="checkbox"/> 69. Building/Equipment: Sanitary/Hazard Free</p> <p><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</p> <p><input checked="" type="checkbox"/> 72. Working Phone on Each Level</p>
	Contracts	Logs																	
Education	✓	✓																	
Health	✓	✓																	
Social Service	✓	✓																	
Dental	✓	✓																	
Dietitian	<u>n/a</u>	<u>n/a</u>																	

Signature of OEC Representative: <u>Betty Mayer</u>	Written Corrective Action Plan Due to OEC by: <u>11/29/21</u>	Signature of Person in Charge: <u>Caitlin Mangan</u>
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Print name: Betty Mayer Print name: Caitlin Mangan



SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NECCI @ Ruth Chaffee License # 12817 Date: 11/15/21

Observations/Corrections needed:

- # 1 Local health inspection expired.
- # 8 License posted expired.
- # 16 one staff physical expired. one staff missing documentation of TB/risk and physical.
- # 38 care plan for one child missing staff signature.
- # 101 current epipen trained staff not present at all times.

Discussed: Declaration of attestation needed for covid-19 vaccinated staff.  
BCIS information

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: Betty mayer  
(OEC Representative)  
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/29/21

Signature: Cmangan  
(Person in Charge)  
Print Name: Caitlin Mangan