

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: NECCI @ Anna Reynolds	License Number: 13480	Date of Inspection: 12/11/21	Time of Arrival: 1:55
Address: 85 Reservoir Rd.	Expiration Date: 10/31/24	Licensed Capacity: 50	
Town: Newington 06111	Telephone: 800-521-5563	# of children present: 24	# of staff present: 2
Operator: Newington Elementary Children's Center Inc.	Director: Margaret Rubino	Head Teacher: Alicia Tierney	
Email: maggie@mynecci.com	Summer Care: closed		
Hours of Operation: M-F 7:00-8:45 3:00-5:30pm	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: 5 - 11 years			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: **7/30/19**

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: **9/23/21**

10. OEC Complaint Procedure

11. Food Service Certificate Date: **n/a**

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: _____ Results: _____

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

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 (Y/N) Date: _____

Bacterial/Chemical Test (Y/N) Date: _____

50. Walkways Maintained

51. Designated Staff Toilet/Sink

53. Windows Protected to Prevent Falls

55. Overhead Doors Locking Devices/ Spring Protectors

56. Exits/Hallways and Stairs Unobstructed

58. Smoking Prohibited

59. Matches/Lighters Inaccessible

61. Toileting Needs Met

62. Required Toilets/Sinks/Supplies

64. Hand Washing After Toileting: Staff/Children

65. Ventilation in Toilet Room

66. Air Temperature Comfortable

68. Portable Space Heaters

69. Building/Equipment: Sanitary/Hazard Free

71. Hot Water/Steam Pipes Protected

72. Working Phone on Each Level

Signature of OEC Representative: Betty mayer	Written Corrective Action Plan Due to OEC by: 12/15/21	Signature of Person in Charge: Amy Ellis
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Print name: Betty Mayer Print name: Amy Ellis

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: NECCI @ Anna Reynolds</p>	<p>License Number: 13480</p>	<p>Date of Inspection: 12/1/21</p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <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"/> 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 <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <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 of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <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 <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input 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 checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 108. KI Pill Parent Permission/Storage <p>n/a</p>	<p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p><u>Monitoring of Diabetes 19a-79-13</u> <i>no one currently</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <i>enrolled</i> <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 	
<p>Signature of OEC Representative Betty mayer</p>	<p>Written Corrective Action Plan Due to OEC by: 12/15/21</p>	<p>Signature of Person in Charge Amy Elli</p>
<p>Print Name: _____</p>		<p>Print Name: _____</p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NECCI @ Anna Reynolds License # 13480 Date: 12/1/21

Observations/Corrections needed:

- #1 local health inspection expired.
- #16 one staff physical not observed. One staff missing TB results.
- #3 Annual staff policy training not observed for one staff.
- #17 ^{current} Professional development not observed for one staff.
- #27 Nurse consultant log not observed.
- #38 care plan for two children with medications not signed by staff.
- #101 Medication certificates for epipen training expired for all staff. child with epipen enrolled and present.
- #145 upon arrival observed two staff with 24 kids. ~~2~~ Third staff arrived at 2:15.
- 19a-79-4a observed staff (substitute) on site without a file.
- 19a-79-3a one child observed to have asthma as identified on physical. NO care plan or medication on site.

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 Signature: Amy Ellis
(Person in Charge)
Print Name: Amy Ellis
OEC BY: 12/15/21