

# CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL ☐ PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

|                                                                                                                                                                                                                                             |                                                                                                                                 |                                     |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|
| Program Name: <u>Discovery Zone Learning Center</u>                                                                                                                                                                                         | License Number: <u>70127</u>                                                                                                    | Date of Inspection: <u>12-13-21</u> | Time of Arrival: <u>7:25am</u> |
| Address: <u>45 Pendleton Dr.</u>                                                                                                                                                                                                            | Expiration Date: <u>8-31-25</u>                                                                                                 | Licensed Capacity: <u>62</u>        | Under 3 Capacity: <u>32</u>    |
| Town: <u>Hebron</u>                                                                                                                                                                                                                         | Telephone: <u>860-228-3952</u>                                                                                                  | # of children present: <u>9</u>     | # of staff present: <u>5</u>   |
| Operator: <u>Little People Unlimited, INC.</u>                                                                                                                                                                                              | Director: <u>Amanda Strong</u>                                                                                                  |                                     |                                |
| Email: <u>robin@dzlckids.org</u>                                                                                                                                                                                                            | Head Teacher: <u>Amanda Strong</u>                                                                                              |                                     |                                |
| Hours of Operation: <u>M-F 7-6pm</u>                                                                                                                                                                                                        | Summer Care: <u>Open</u>                                                                                                        |                                     |                                |
| Ages Served: <u>6 weeks - 12 Years</u>                                                                                                                                                                                                      | Instruction Codes:<br>√ = Compliance/No violation found O = Non-compliance/Violation found<br>N/A = Not applicable at this time |                                     |                                |
| Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up) |                                                                                                                                 |                                     |                                |

## Licensure Procedures 19a-79-2a

☒ 1. Local Health Date: 9-22-21

## 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: 3-24-21
- ☒ 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: 4-16-14 Results: .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      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dental         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian      | <u>NA</u>                           | <u>NA</u>                           |

- ☒ 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: 2020  
Bacterial/Chemical Test (Y/N) Date: 2020
- ☒ 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:<br><u>D. Wassenhove</u> | Written Corrective Action Plan Due to OEC by:<br><u>12-27-21</u> | Signature of Person in Charge:<br><u>Amanda Strong</u> |
|----------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|

Print name: Dianna Wassenhove

Print name: Amanda Strong

# CHILD CARE CENTER/GROUP INSPECTION FORM

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| Program Name:<br><b>Discovery Zone Learning Center</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Inspection:<br><b>12-13-21</b>                |
| <u>Physical Plant continued:</u><br><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°<br><input checked="" type="checkbox"/> 68. Portable Space Heaters<br><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair<br><input checked="" type="checkbox"/> 70. Rugs Secure<br><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected<br><input checked="" type="checkbox"/> 72. Working Phone on Each Level<br><input checked="" type="checkbox"/> 73. Emergency Numbers Posted<br><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet<br><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof<br><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked<br><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily<br><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails<br><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)<br><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)<br><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child<br><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic<br><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number<br><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials<br><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)<br><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise<br><u>Outdoor Space</u><br><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child<br><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment<br><input checked="" type="checkbox"/> 89. Playground Free from Hazards<br><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)<br><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <b>NA</b><br><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged<br><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced<br><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible<br><u>Educational Requirements 19a-79-8a</u><br><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff<br><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs<br>Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up<br><u>Administration of Medications 19a-79-9a</u><br><input checked="" type="checkbox"/> 97. Written Policies/Procedures<br><input checked="" type="checkbox"/> 98. Training Outline on file<br><u>Nonprescription Topical Medications</u><br><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR<br><input checked="" type="checkbox"/> 100. Labeling/Storage<br><u>Oral/Topical/Inhalant/Injectable Medications</u><br><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates<br><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 103. Labeling/Storage<br><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed<br><u>Self-Administration</u><br><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 106. Labeling/Storage<br><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization<br><u>Emergency Distribution of Potassium Iodide</u><br><b>NA</b> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage |  | <u>Under Three Endorsement 19a-79-10</u><br><input checked="" type="checkbox"/> 109. Approved Endorsement<br><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children<br><input checked="" type="checkbox"/> 111. Group Size no Larger than 8<br><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)<br><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space<br><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs<br><input checked="" type="checkbox"/> 115. Washable Cots<br><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray<br><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment<br><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities<br><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use<br><input checked="" type="checkbox"/> 120. Washed/Disinfected<br><input checked="" type="checkbox"/> 121. Disposable Paper Sheets<br><input checked="" type="checkbox"/> 122. Covered Waste Receptacle<br><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted<br><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted<br><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected<br><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N<br><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping<br><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards<br><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily<br><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/2" Diameter<br><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible<br><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits<br><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time<br><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent<br><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded<br><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing<br><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served<br><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name<br><u>Outdoor Play Space-Under Three:</u><br><input checked="" type="checkbox"/> 141. Play Space Fenced<br><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate<br><u>School Age Children Endorsement 19a-79-11</u><br><input checked="" type="checkbox"/> 143. Approved Endorsement<br><input checked="" type="checkbox"/> 144. Activity choices appropriate<br><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children<br><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children<br><input checked="" type="checkbox"/> 147. Education Consultant Appropriate<br><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u><br><input checked="" type="checkbox"/> 148. Approved Endorsement<br><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision<br><input checked="" type="checkbox"/> 150. Staff Awake/Available<br><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel<br><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly<br><u>Monitoring of Diabetes 19a-79-13</u> <b>None at this time</b><br><input checked="" type="checkbox"/> 154. Written Policies/Procedures<br><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing<br><input checked="" type="checkbox"/> 156. Training Current/Documented<br><input checked="" type="checkbox"/> 157. Supervision of Self Administration<br><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible<br><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment<br><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately<br><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken<br><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications |                                                       |
| Signature of OEC Representative<br><b>D. Wassenhove</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature of Person in Charge<br><b>Amanda Strong</b> |

Print Name: **Dianna Wassenhove**

Print Name: **Amanda Strong**

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Discovery Zone Learning Center License # 70127 Date: 12-13-21

Observations/Corrections needed:

#69 - Hall bathroom wall peeling and baseboard pulling off.

#89 - Observed rust on wooden playscape and monkey bar swing.

Discussed: Chemicals must be locked, attestation, Developmental milestones need to be posted, dirty bathroom vent.

Provider understands and aware of new BCIS system

\*Note - Water test by town lists year only not month and day.

Head count ~~etc~~<sup>Duo</sup> at end of inspection - 36 children, 10 staff

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)  
Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Amanda Strong  
(Person in Charge)OEC BY: 12-27-21