

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: My Little Rascals Too	License Number: 70341	Date of Inspection: 12/21/21	Time of Arrival: 7:40
Address: 1850 West Street	Expiration Date: 12/31/24	Licensed Capacity: 113	Under 3 Capacity: 70
Town: Southington, Ct 06489	Telephone: 860-392-8942	# of children present: 26	# of staff present: 4
Operator: My Little Rascals Too LLC	Director: Kelly Goral	Head Teacher: Kelly Goral	
Email: mylittlerascals32@yahoo.com	Summer Care: Open		
Hours of Operation: 6:30am - 6:00pm	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: 6 weeks - 5 years	Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

Licensure Procedures 19a-79-2a

- 1. Local Health Date: 12/27/18
- 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: 10/1/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: -
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 12/15/18 Results: 1.3 pCi/L
- 15a. Developmental Milestones

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	0	
Health	0	✓
Social Service	0	
Dental	0	
Dietitian	-	-

- 27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified

Swimming cont.

- 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: 12/20/18
- 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:

Written Corrective Action Plan Due to OEC by: 1/4/22

Signature of Person in Charge:

Print name: Johanne Dalo

Print name: Chelsea Tatro

Post for 30  
Operating  
Days

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <u>My Little Rascals Too</u></p>	<p><b>License Number:</b> <u>70341</u></p>	<p><b>Date of Inspection:</b> <u>12/21/21</u></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N)</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Portion/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13 <u>No children</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b></p> <p><i>[Signature]</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <u>1/4/22</u></p>	<p><b>Signature of Person in Charge</b></p> <p><i>[Signature]</i></p>
<p><b>Print Name:</b> <u>Johanne Dulo</u></p>	<p><b>Print Name:</b> <u>Chelsea Tatro</u></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My Little Rascals Too License # 70341 Date: 12/21/21

Observations/Corrections needed:

19a-79-4a(b) Operator failed to have background documentation for 20 staff

19a-79-3a: Provider failed to comply with mask requirement in accordance with Governor's Executive Order(s) and C.G.S Section 19a-131a(d) when 4 preschoolers did not have a mask

19a-79-3a: Provider failed to comply with the vaccine requirement in accordance with Governor's Executive Order when weekly testing were not available for 3 staff and 7 staff did not have <sup>(SD)</sup> documentation a signed declaration of authenticity of vaccination record

#1 Expired Local Health

#6 Observed staff (Room 4) not following diaper changing policy. Staff did not wash hand after diapering.

#13 Emergency plan not posted downstairs

#15a Developmental Milestones not posted upstairs and downstairs.

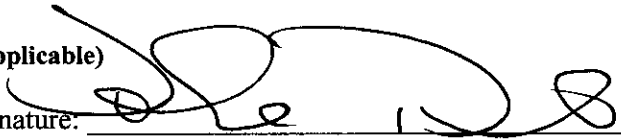
#16 Observed 2 staff without health records and TB tests. ~~One staff TB test was more than 12 months before the date of employment~~ (SD)

#24 On 12/13/21 per attendance, no staff trained in CPR after 4:45pm

#25 On 12/13/21 per attendance, no staff trained in First Aid after 4:45pm

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:   
(OEC Representative)

Print Name: Johanne Daló

Signature: 

Print Name: Chelsea  
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/4/22


## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My Little Rascals Too License # 70341 Date: 12/21/22 <sup>38</sup>Observations/Corrections needed:

- #26 No current agreements for Education, Health, Social Service, and Dental Consultants.
- #27 No current annual review of policies and education program by Education, <sup>38</sup> Dental, and Social Service.
- #44 First Aid Manual older than 5 years (downstairs)
- #45 Observed white cupboards not secured in Owb, rusted microwaves (Foxes, Dragon, ~~Jays~~ <sup>Dinos</sup>), ripped chairs with exposed porows. Surfaces (jays & ducklings), 2 white drawers (jays). Broken sand box (front playground). Utility closet was accessible to children, latch not on (electrical panel, rods, paint), and dirty fans (Foxes Jays). Shelf not secured downstairs bathroom
- #62 Program has 8 toilets for children usage, staff are using a bathroom downstairs having 7 toilets for children ( $7 \text{ toilet} \times \text{per } 16 \text{ children} = 112$ ) Capacity cannot exceed 112.
- #69 Observed 6 stained ceiling tiles (downstairs bathroom)
- #76 Observed window bottles, not locked (bathroom downstairs turtles) and bleach accessible to children under sink, latch broken (dragon)
- #81 Observed 18 children in Owb room upon arrival maximum capacity for the room is 16 children <sup>And across notes 8 children may capacity</sup>
- #101 On 12/13/21 per attendance, no staff trained in administration of medication after 4:45 pm (1 child requiring meds in attendance)

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: 

(OEC Representative)

Print Name: Johanne J. DeLoSignature: 

(Person in Charge)

Print Name: Chelsea Tatros

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/4/22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My Little Rascals Too License # 7D341 Date: 12/21/21

Observations/Corrections needed:

- #102 No form observed for vertizone.
- #104 observed expired Benadryl.
- #110 Upon arrival, observed 9 children under 3 with 2 staff (whales)
- #111 Upon arrival, observed 9 children under 3 in whales.
- #113 observed cup, bibs in handwashing sink (Room 4 downstairs)
- #116 observed bucket seats in Room 4 and 3 without buckles.
- #119 observed blankets, pad computer in room 4 and art project in ~~room~~ trays on the changing table
- #120 observed 1 staff not washing and disinfecting changing table between changes (Room 4)

Discussion:

1 child with expired health records.

"Child provider-emergency plan does not meet all federal requirements Provider will develop/revise its emergency plan to meet all requirements"

BCIS and Background check requirement were discussed

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] (OEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Chelsea Tatro (Person in Charge)

OEC BY: 1/4/22

Print Name: Chelsea Tatro