

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: <u>Calvary Nursery School</u>	License Number: <u>143416</u>	Date of Inspection: <u>12/22/2001</u>	Time of Arrival: <u>10:00 AM</u>
Address: <u>27 Church St.</u>	Expiration Date: <u>4/30/2002</u>	Licensed Capacity: <u>18</u>	Under 3 Capacity: <u>0</u>
Town: <u>Stamington, CT. 06378-1344</u>	Telephone: <u>860-535-0398</u>	# of children present: <u>16</u>	# of staff present: <u>2</u>
Operator: <u>Calvary Episcopal Church</u>	Director: <u>Shelly Williamson</u>		
Email: <u>calvaryclassroom@gmail.com</u>	Head Teacher: <u>Shelly Williamson</u>		
Hours of Operation: <u>8AM-4PM Monday-Friday</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>3-5 yrs</u>	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: _____

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: 3/25/2001
- ☐ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: _____
- ☒ 12. Menus
- ☐ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 11/15/21 Results: 1.4, 1.0, 2.8

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	✓	N/A
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 (Y/N)
- ☐ 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
Peeling Paint (Y/N) Sample Taken (Y/N)
Building Pre-78 (Y/N) Lead Test (Y/N)
Results: _____
- ☐ 47. Lead Management Plan (Y/N) _____
- ☐ 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
- ☐ 49. Lead Water Test Date: _____
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 (Y/N)
- ☐ 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 (Y/N)
- ☐ 64. Hand Washing After Toileting: Staff/Children
- ☐ 65. Ventilation in Toilet Room
- ☐ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: _____

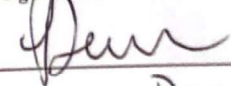
Written Corrective Action Plan Due to OEC by: _____

Signature of Person in Charge: _____

Print name: BUDGET L. MEGRIN

Print name: Dana Dupont

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Calvary Nursery School</u>		License Number: <u>14346</u>	Date of Inspection: <u>12/22/2021</u>
<u>Physical Plant continued:</u> ☐ 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		<u>Under Three Endorsement 19a-79-10</u> ☐ 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 1/4" 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	
<u>Outdoor Space</u> ☐ 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) ☐ 91. Lead Management Plan (Y/N) ☐ 92. Equipment Anchored/Safely Arranged ☐ 93. Outdoor Play Area Protected/Fenced ☐ 94. Drinking Water Available/Accessible		<u>Outdoor Play Space-Under Three:</u> ☐ 141. Play Space Fenced ☐ 142. Outdoor Equipment: Dev. Appropriate	
<u>Educational Requirements 19a-79-8a</u> ☐ 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		<u>School Age Children Endorsement 19a-79-11</u> ☐ 143. Approved Endorsement ☐ 144. Activity choices appropriate ☐ 145. Ratio: 1 Staff to 10 Children ☐ 146. Group Size: Max. 20 Children ☐ 147. Education Consultant Appropriate	
<u>Administration of Medications 19a-79-9a</u> ☐ 97. Written Policies/Procedures ☒ 98. Training Outline on file		<u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> ☐ 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	
<u>Nonprescription Topical Medications</u> ☐ 99. Administration/Parent Permission/MAR ☐ 100. Labeling/Storage		<u>Monitoring of Diabetes 19a-79-13</u> ☐ 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	
<u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☐ 103. Labeling/Storage ☐ 104. Unused/Expired Meds Returned/Disposed			
<u>Self-Administration</u> ☐ 105. Authorized Prescriber/Parent Permission/MAR ☐ 106. Labeling/Storage			
☐ 107. Approved Petition For Special Med Authorization			
<u>Emergency Distribution of Potassium Iodide</u> ☐ 108. KI Pills Parent Permission/Storage			
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: _____	Signature of Person in Charge 	
		Print Name: <u>Dana Dupont</u>	

SUPPLEMENTAL REPORT OF INSPECTION

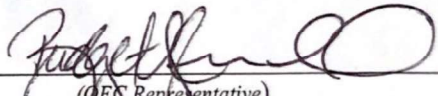
Name of Program/Provider: Calvary Nursery School License # 14346 Date: 12/22/2021

Observations/Corrections needed:

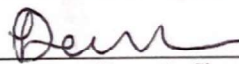
* observed all violations from 9/15/2021 full inspection to be in compliance

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: Print Name: GENEDET. KERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Signature: Print Name: Dana Dupont