Post for 30 Operating Days

Connecticut Office of Early Childhood
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Phone (800)-282-6063 Fax (860)-326-0552



# CHILD CARE CENTER/GROUP INSPECTION FORM

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

| | | | |
|---|---|---|---|
| Program Name: Calvary Nursery School | License Number: 14316 | Date of Inspection: 12/22/2021 | Time of Arrival: 10:10AM |
| Address: 27 Church St. | Expiration Date: 4/30/2022 | Licensed Capacity: 18 | Under 3 Capacity: 0 |
| Town: Torrington, CT. 06378-1344 | Telephone: 860-535-0398 | # of children present: 16 | # of staff present: 2 |
| Operator: Calvary Episcopal Church | Director: Shelly Williamson | | |
| Email: calvarclassroom@gmail.com | Head Teacher: Shelly Williamson | | |
| Hours of Operation: 8AM-4PM Monday-Friday | Summer Care: Closed | | |
| Ages Served: 3-5yrs | 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: 3/25/2021
- ☐ 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 & 7.8

**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: BRIDGET L. MEKRM | | Print name: Dana Dyport |

# CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Calvary Nursery School

License Number: 14346

Date of Inspection: 12/22/2021

**Physical Plant continued:**

- ☐ 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

**Outdoor Space**

- ☐ 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

**Educational Requirements 19a-79-8a**

- ☐ 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

**Administration of Medications 19a-79-9a** _____

- ☐ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

**Nonprescription Topical Medications**

- ☐ 99. Administration/Parent Permission/MAR
- ☐ 100. Labeling/Storage

**Oral/Topical/Inhalant/Injectable Medications**

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☐ 103. Labeling/Storage
- ☐ 104. Unused/Expired Meds Returned/Disposed

**Self-Administration**

- ☐ 105. Authorized Prescriber/Parent Permission/MAR
- ☐ 106. Labeling/Storage
- ☐ 107. Approved Petition For Special Med Authorization

**Emergency Distribution of Potassium Iodide**

- ☐ 108. KI Pills Parent Permission/Storage

**Under Three Endorsement 19a-79-10**

- ☐ 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 ¼" 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

**Outdoor Play Space-Under Three:**

- ☐ 141. Play Space Fenced
- ☐ 142.Outdoor Equipment: Dev. Appropriate

**School Age Children Endorsement 19a-79-11**

- ☐ 143. Approved Endorsement
- ☐ 144. Activity choices appropriate
- ☐ 145. Ratio: 1 Staff to 10 Children
- ☐ 146. Group Size: Max. 20 Children
- ☐ 147. Education Consultant Appropriate

**Night Care Endorsement 19a-79-12 (10pm-5am)**

- ☐ 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

**Monitoring of Diabetes 19a-79-13** _____

- ☐ 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

| Signature of OEC Representative | Written Corrective Action Plan Due to OEC by: | Signature of Person in Charge |
|---|---|---|
| Print Name: RN/HEALTH CONSULTANT | | Print Name: Dana Dipsnt |

## 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: _____ (OEC Representative)

Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: _____ (Person in Charge)

Print Name: Dana Dupont