

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: Kids Creative Learning Center	License Number: 70492	Date of Inspection: 12/9/21	Time of Arrival: 8:45
Address: 3580 Main St.	Expiration Date: 6/30/23	Licensed Capacity: 64	Under 3 Capacity: 28
Town: Hartford, Ct 06120	Telephone: 860-263-7664	# of children present: 23	# of staff present: 6
Operator: Kids Creative Learning Center LLC	Director: Amanda Gonzalez	Head Teacher: <del>Jessyke Goff</del> <del>Anna Goff</del> <del>Sammy</del>	
Email: kidscreativelearningcenter@gmail.com	Summer Care: Open	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: Sunday to Saturday 5:00am - 12:00am	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 checked="" type="checkbox"/> Night Care (6wks & up)		
Ages Served: 6 weeks - 12 years			

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 10/27/21

**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: 5/13/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 7/1/21
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11/1/20 Results: <0.5 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: 10/26/21  
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: 12/23/21	Signature of Person in Charge:
Print name: Johanne Salo		Print name: Amanda Gonzalez

**CHILD CARE CENTER/GROUP INSPECTION FORM**

Program Name: Kids Creative Learning Center License Number: 70492 Date of Inspection: 12/9/21

- 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)
  - 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

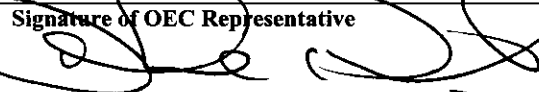
- Under Three Endorsement 19a-79-10**
- 109. Approved Endorsement
  - 110. Ratio: 1 Staff to 4 Children
  - 111. Group Size no Larger than 8
  - 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
  - 113. Adequate Sinks in Program Space
  - 114. Free Standing/Well-Constructed/Safe Cribs
  - 115. Washable 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 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

- Outdoor Play Space-Under Three:**
- 141. Play Space Fenced
  - 142. Outdoor Equipment: Dev. Appropriate

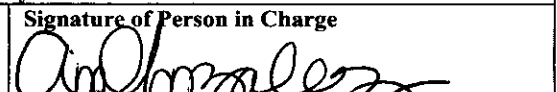
- School Age Children Endorsement 19a-79-11**
- 143. Approved Endorsement
  - 144. Activity choices appropriate
  - 145. Ratio: 1 Staff to 10 Children
  - 146. Group Size: Max. 20 Children
  - 147. Education Consultant Appropriate

- 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 No children**
- 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: 12/23/21

Signature of Person in Charge 

Print Name: Johanne Dalo

Print Name: Amanda Gonzalez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Creative Learning Center License # 70492 Date: 12/9/21

Observations/Corrections needed:

- 19a-79-3a Provider failed to comply with the vaccine requirement in accordance with Governor's Executive Order when observed 4 <sup>5</sup> staff without documentation of vaccination or weekly testing and 2 <sup>1</sup> staff not fully vaccinated and no weekly testing
- <sup>20</sup> #3 No documentation of annual staff policy training for 6 staff
- #16 Observed 2 expired health records, 1 health records without date, and 2 without TB screening.
- #17 Observed 6 staff with less than 1% of total <sup>annual</sup> hours worked
- #27 No documentation of annual review of policies and educational programs by 5 consultants.
- #38 Observed 12 individual care plans not sign by staff and 4 care plans not sign by parent.
- #45 Observed water in hallway not secured, urinals not secured (Room 2, Hallway), dramatic play refrigerator, stove not secured (Room 3, Room 4, Room 7), small shelf not secured room 4, and peeling paint on wall in room 3.
- #74 Observed lighting less than 50 ft/candle in room 5 (close work table)
- #102 Observed 2 medications without a form, 2 expired forms, 1 incomplete form (no start & end date), and 1 form not signed by parent
- #104 Observed 3 expired medication.
- #110 Upon arrival, observed 5 children under 3 with 1 staff
- #112 Observed 2 rooms without barriers (doors opened)

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: Johanne Dalo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

OEC BY: 12/23/21

Print Name: Amanda Gonzalez  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Creative Learning Center License # 70492 Date: 12/9/21

Observations/Corrections needed:

- #113 Observed red bucket and plastic bag in handwashing sink.
- #116 Observed 4 children not buckled in bucket seats.
- #120 Observed staff not disinfecting changing table after changing child.
- #123 Diaper changing policy not posted 1 room and incomplete policy in other room
- #124 Hand washing policy not posted in 1 room.
- #136 No feeding schedule from parent for all infants.
- #44 First Aid manual older than 5 years

Discussion

- 1 staff without new staff mentation
- 3 w/ director.

"C4K provider-emergency plan does not meet all federal requirements. Provider will develop/revise its emergency plan to meet all requirements"

BCIS and Background check requirements were discussed.

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Signature: [Handwritten Signature] (OEC Representative) Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/23/21

Signature: [Handwritten Signature] (Person in Charge) Print Name: Amanda Gonzalez