

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: <u>Learning Studio</u>	License Number: <u>13937</u>	Date of Inspection: <u>1/25/22</u>	Time of Arrival: <u>11am</u>
Address: <u>1 Thompson Place</u>	Expiration Date: <u>12-31-25</u>	Licensed Capacity: <u>61</u>	Under 3 Capacity: <u>32</u>
Town: <u>Derby, Ct. 06418</u>	Telephone: <u>(203) 735-6605</u>	# of children present: <u>23</u>	# of staff present: <u>4</u>
Operator: <u>The Learning Studio Inc</u>	Director: <u>Amanda White</u>	Head Teacher: <u>Jebbie Huntly</u> <u>Amanda White</u> <u>Maria Haples</u> <u>Babby Maons</u>	
Email: <u>learningstudio1@yahoo.com</u>	Summer Care: <u>Yes</u>		
Hours of Operation: <u>M-F 730-530</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>6 weeks - 10 years</u>			
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: 3-4-21
☒ 10. OEC Complaint Procedure
☒ 11. Food Service Certificate Date: _____
☒ 12. Menus
☒ 13. Emergency Plans
☒ 14. No Smoking Signs
☒ 15. Radon Test (Y/N) Date: 12-5-15 Results: 1.2 pCi/L

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	☒	☒
Dietitian	☒	☒

- ☒ 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: 1-5-22
 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: 2/8/22

Signature of Person in Charge:

Print name: Terrri R Roberts

Print name: Amanda White

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Program Name: <u>Learning Studio</u>		License Number: <u>13937</u>	Date of Inspection: <u>1/25/22</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>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <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>Night Care Endorsement 19a-79-12 (10pm-5am)</u> N/A ☒ 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>Emergency Distribution of Potassium Iodide</u> N/A ☒ 108. KI Pills Parent Permission/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	
Signature of OEC Representative <u>[Signature]</u>		Signature of Person in Charge <u>[Signature]</u>	
Written Corrective Action Plan Due to OEC by: <u>2/8/22</u>		Print Name: <u>Amanda White</u>	
Print Name: <u>Ian R Roberts</u>		Print Name: <u>Amanda White</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learning Studio License # 13937 Date: 1/25/22

Observations/Corrections needed: (17)

- 1- ~~Unable to locate~~ Expired 11.15.21
- 2- No documentation for 2 new staff
- 17- 1 didn't meet requirement for 2021 and 1 unable to locate
- 32- Missing parent/s work address (6 of 6)
- 89- Base of fence curling upward posing a tripping hazard
- 92- Slide on blacktop not secured, pirate ship lumber not secured and little tikes lumber/Slide not secured.
- 2 pieces of equipment not safety arranged (near train and fort)

Discussed: Janitor's closet w/ cleaning supplies at end of hallway ^{not locked}
 CLK provider emergency plan does not meet all federal requirements
 Provider will develop/revise its emergency plan to meet all requirements. Resource flyer provided
 Slide at blacktop has no mulch

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: T. Roberts
 Print Name: Tem Roberts ^(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/8/22

Signature: Amanda White
 Print Name: Amanda White ^(Person in Charge)