

# CHILD CARE CENTER/GROUP INSPECTION FORM

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

|                                                                                                                                    |                                                                                                                                 |                                   |                              |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| Program Name: <u>Mount Hope Montessori School</u>                                                                                  | License Number: <u>12892</u>                                                                                                    | Date of Inspection: <u>2/1/22</u> | Time of Arrival: <u>100</u>  |
| Address: <u>48 Barretts Bridge Rd.</u>                                                                                             | Expiration Date: <u>10/31/25</u>                                                                                                | Licensed Capacity: <u>60</u>      | Under 3 Capacity: <u>8</u>   |
| Town: <u>Mansfield</u>                                                                                                             | Telephone: <u>860-423-1070</u>                                                                                                  | # of children present: <u>19</u>  | # of staff present: <u>5</u> |
| Operator: <u>Board of Directors, MT Hope</u>                                                                                       | Director: <u>Erin Clark</u>                                                                                                     |                                   |                              |
| Email: <u>mthopemontessori@shetnet</u>                                                                                             | Head Teacher: <u>Donna Clouette</u>                                                                                             |                                   |                              |
| Hours of Operation: <u>M-F 9:00-4:00</u>                                                                                           | Summer Care: <u>Open</u>                                                                                                        |                                   |                              |
| Ages Served: <u>18 mths - 5 years</u>                                                                                              | Instruction Codes:<br>√ = Compliance/No violation found O = Non-compliance/Violation found<br>N/A = Not applicable at this time |                                   |                              |
| 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: 6/30/19
- 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: 10/27/20
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: N/A
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 3/4/96 Results: 2.0

## 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 checked="" type="checkbox"/> |
| Health         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dental         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian      | <input type="checkbox"/>            | <input type="checkbox"/>            |

- ☒ 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: 2019
- Bacterial/Chemical Test (Y/N) Date: 11/18/21
- ☒ 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:

Linda Maylan

Written Corrective Action Plan Due

to OEC by: 2/15/22

Signature of Person in Charge:

Erin Clark

Print name: Linda Maylan

Print name: Erin Clark



# CHILD CARE CENTER/GROUP INSPECTION FORM

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                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of Inspection: <u>2/1/21</u>                  |
| <b>Physical Plant continued:</b><br><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°<br><input checked="" type="checkbox"/> 68. Portable Space Heaters (Y/N)<br><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair<br><input checked="" type="checkbox"/> 70. Rugs Secure<br><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected<br><input checked="" type="checkbox"/> 72. Working Phone on Each Level<br><input checked="" type="checkbox"/> 73. Emergency Numbers Posted<br><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet<br><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof<br><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked<br><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily<br><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails<br><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)<br><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)<br><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child<br><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic<br><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number<br><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials<br><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)<br><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise<br><b>Outdoor Space</b><br><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child<br><input type="checkbox"/> 88. Impact Absorbing Material under Equipment<br><input type="checkbox"/> 89. Playground Free from Hazards<br><input type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)<br><input type="checkbox"/> 91. Lead Management Plan (Y/N)<br><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged<br><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced<br><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible<br><b>Educational Requirements 19a-79-8a</b><br><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff<br><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/<br>Flexible/Meets Individual Needs<br>Program Includes: Indoor/Outdoor, Gross/Fine<br>Motor Skills, Snacks/Meals,<br>Rest/Sleep/Quiet Time,<br>Toileting and Clean Up<br><b>Administration of Medications 19a-79-9a</b><br><input checked="" type="checkbox"/> 97. Written Policies/Procedures<br><input checked="" type="checkbox"/> 98. Training Outline on file<br><b>Nonprescription Topical Medications</b><br><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR<br><input checked="" type="checkbox"/> 100. Labeling/Storage<br><b>Oral/Topical/Inhalant/Injectable Medications</b><br><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates<br><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 103. Labeling/Storage<br><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed<br><b>Self-Administration</b><br><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 106. Labeling/Storage<br><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization<br><b>Emergency Distribution of Potassium Iodide</b> <u>N/A</u><br><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage <u>N/A</u> |  | <b>Under Three Endorsement 19a-79-10</b><br><input checked="" type="checkbox"/> 109. Approved Endorsement<br><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children<br><input checked="" type="checkbox"/> 111. Group Size no Larger than 8<br><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)<br><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space<br><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs<br><input checked="" type="checkbox"/> 115. Washable Cots<br><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray<br><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment<br><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities<br><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use<br><input checked="" type="checkbox"/> 120. Washed/Disinfected<br><input checked="" type="checkbox"/> 121. Disposable Paper Sheets<br><input checked="" type="checkbox"/> 122. Covered Waste Receptacle<br><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted<br><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted<br><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected<br><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document<br><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping<br><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards<br><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily<br><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter<br><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible<br><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits<br><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time<br><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent<br><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded<br><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing<br><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served<br><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name<br><b>Outdoor Play Space-Under Three:</b><br><input checked="" type="checkbox"/> 141. Play Space Fenced<br><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate<br><b>School Age Children Endorsement 19a-79-11</b><br><input checked="" type="checkbox"/> 143. Approved Endorsement<br><input checked="" type="checkbox"/> 144. Activity choices appropriate<br><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children<br><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children<br><input checked="" type="checkbox"/> 147. Education Consultant Appropriate<br><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b><br><input checked="" type="checkbox"/> 148. Approved Endorsement<br><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision<br><input checked="" type="checkbox"/> 150. Staff Awake/Available<br><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel<br><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly<br><b>Monitoring of Diabetes 19a-79-13</b> <u>None</u><br><input checked="" type="checkbox"/> 154. Written Policies/Procedures<br><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing<br><input checked="" type="checkbox"/> 156. Training Current/Documented<br><input checked="" type="checkbox"/> 157. Supervision of Self Administration<br><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible<br><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment<br><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately<br><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken<br><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications |                                                    |
| Signature of OEC Representative<br><u>Amaka Maylan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signature of Person in Charge<br><u>Erin Clark</u> |
| Print Name: <u>Liakha Maylan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mount Hope Montessori School License # 12892 Date: 2/1/22

## Observations/Corrections needed:

- #1- Local health inspection dated 5/30/19
- 2- New staff orientation not available.
- 3- Annual staff policy review more than one year ago.
- 6- Not all policies contain all requirements. Supervision of children must be at all times - observed dividers at nap.
- 7- Daily attendance of children not consistently at exact arrival time / departure time.
- 16- Not all staff health / TB results available.
- 26- Ed. Consultant agreement not current.
- 27- Log documenting policy and procedure review annually not available.
- 37- Not all children with flu shot documentation.
- 45- Shelves downstairs dirty - one tip hazard, Toddler room cubbies not bolted & tippy shelf.
- 49- Lead water test dated 2017.
- 65- No fans or windows cracked <sup>in</sup> upstairs bathroom.
- 99- No topical medication form available for diaper creases.
- 13- Posted emergency plan does not meet requirements.
- Care 4 Kids emergency plan does not meet requirements.

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: Linda Maylan  
(OEC Representative)  
Print Name: Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/15/22

Signature: Erin Clark  
(Person in Charge)  
Print Name: Erin Clark

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mount Hope Montessori School License # 12892 Date: 2/1/22

## Observations/Corrections needed:

Provider will revise the plan to meet requirements.

Discussed - Changing table and portable sink.  
Playground snow covered, will return  
to complete outdoor inspection.

Currently no children enrolled with medications,

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:

Linda Mayken  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

Linda Mayken  
Erin Clark  
(Person in Charge)

OEC BY: 2/15/22