

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Star Cubs Child Development Center</u>	License Number: <u>70234</u>	Date of Inspection: <u>2-7-22</u>	Time of Arrival: <u>9:16</u>
Address: <u>169 Main St</u>	Expiration Date: <u>6/30/23</u>	Licensed Capacity: <u>80</u>	Under 3 Capacity: <u>32</u>
Town: <u>Meriden, CT</u>	Telephone: <u>203-204-3838</u>	# of children present: <u>41</u>	# of staff present: <u>10+</u>
Operator: <u>Sunset Child Care, LLC</u>	Director: <u>Svetlana Fedorova-Boyanowski</u>		
Email: <u>lana@starabscdc.com</u>	Head Teacher: <u>Svetlana Fedorova-Boyanowski</u>		
Hours of Operation: <u>Mon-Fri 6:00am-6:00pm</u>	Summer Care: <u>Open</u>		
Ages Served: <u>6 wks-12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input 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: 8-19-21

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: 12-1-20

10. OEC Complaint Procedure

11. Food Service Certificate Date: 12-31-22

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: 2-10-15 Results: 1.0

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	✓	✓
Health	✓	✓
Social Service	✓	0
Dental	✓	0
Dietitian	✓	0

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: 12/26/21
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: <u>Jennifer Sun</u>	Written Corrective Action Plan Due to OEC by: <u>2-21-22</u>	Signature of Person in Charge: <u>Svetlana Fedorova-Boyanowski</u>
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Print name: Jen Sun

Print name: Svetlana Fedorova-Boyanowski

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Star Cubs Child Development Center</i></p>	<p>License Number: <i>70234</i></p>	<p>Date of Inspection: <i>2.7.22</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 67. Water Temperature 60°-115° <input type="checkbox"/> 68. Portable Space Heaters <input type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan <i>(Y/N)</i> <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level <i>(Y/N)</i> <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible <i>(Y/N)</i> <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint <i>(Y/N)</i> Sample Taken <i>(Y/N)</i> <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document <i>(Y/N)</i> <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Jennifer Serra</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>2/21/22</i></p>	<p>Signature of Person in Charge <i>[Signature]</i></p>

Print Name: Jen Serra

Print Name: Svetlana Fedorova

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubs Child Development Center License # 70234 Date: 2.7.22

Observations/Corrections needed:

- #164 Observed 2 out of 10 child files to be missing documentation of Behavior management techniques discussed with parents
- #6 conducted full policy review: observed; discipline policy, child abuse and neglect policy, late pick-up policy, personnel policy and plan for consultative services to be incomplete. Provided copy of policy review checklist at inspection
- ~~JSV #9 observed fire marshal certificate to be more than 2 years old.~~
- ✓ #26 observed social service consultant contract to be more than 1 year old - corrected at exit interview
- #27 Consultant logs not observed/outdated for Social Service, Dental and dietitian.
- #38 Observed one care plan that does not match orders from health care provider
-observed 1 care plan not signed by all staff responsible for the care of the child
- #44 observed 2 first aid kits to be missing current (within 5 years) First aid book
- #65 observed bathroom ventilation to not be working in staff bath, toddler ps bath, and room 7 bath
- #67 measured water temperature, in bathroom of room 7 to measure below 44°

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: Jennifer Sun
(OEC Representative)
Print Name: Jen Sun

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Svetlana Fedorova

OEC BY: 2.21.22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubs Child Development Center License # 70234 Date: 2.7.22

Observations/Corrections needed:

#69 observed peeling paint on bathroom wall in toddler/Preschool classroom bath and on wall in room 5-7.

observed bathroom/ceiling vents to be dusty throughout program

#76 observed cleaning products, such as lysol spray, clorox wipes and lysol disinfectant to be accessible in infant room. Cleaning supplies were on floor of unlocked closet.

Observed diaper creams and powder to be accessible, in unlocked drawers under changing table. Observed peroxide and epi-pen to be accessible in backpack in preschool/toddler shared bathroom.

#99 observed 4 topical ointments and powder to not have administration/Parent permission and MAR forms.

Observed 5 administration permission forms to be missing start and/or end dates, for administration

#133 (133) observed plastic bugs to be accessible in infant room, toddler room 6 and room 2 - all under 3 classes

Discussed: 1 authorization form to be missing child address
1 non-prescription administration form to include 3 diaper creams (one per page)

First aid/CPR trainings require both certificates to be printed

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Signature: Jennifer Sena
(OEC Representative)

Print Name: Jen Sena

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Svetlana Fedorone
(Person in Charge)

OEC BY: 2/21/22

Print Name: Svetlana Fedorone