

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: <u>Comm. Org. & Oper Latch</u>	License Number: <u>13086</u>	Date of Inspection: <u>2/18/22</u>	Time of Arrival: <u>7:40</u>
Address: <u>35 School Rd. Key-Cool</u>	Expiration Date: <u>2/28/22</u>	Licensed Capacity: <u>40</u>	Under 3 Capacity: <u>0</u>
Town: <u>Andover</u>	Telephone: <u>860-891-8823</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>
Operator: <u>Comm. Org. & Oper Latch Key Bd.</u>	Director: <u>Amy Knox</u>		
Email: <u>coolges35@gmail.com</u>	Head Teacher: <u>Amy Knox</u>		
Hours of Operation: <u>7-8:30 & 3-6 M-F</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>3-12 years</u>	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: _____
- ☒ 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: _____ Results: _____

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
- ☒ 46. Sanitary Drinking Fountains/Disposable Cups
- ☒ 47. Water Supply: Public Well
- ☒ 48. Lead Water Test Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
- ☒ 49. Walkways Maintained
- ☒ 50. Designated Staff Toilet/Sink
- ☒ 51. All Openings for Ventilation Screened
- ☒ 52. Windows Protected to Prevent Falls
- ☒ 53. Glass Protected to 36"
- ☒ 54. Overhead Doors Locking Devices/Spring Protectors
- ☒ 55. Exits/Hallways and Stairs Unobstructed
- ☒ 56. Individual Storage of Clothing/Bedding
- ☒ 57. Smoking Prohibited
- ☒ 58. Matches/Lighters Inaccessible
- ☒ 59. Electrical Safety: Outlets/Cords
- ☒ 60. Toileting Needs Met
- ☒ 61. Required Toilets/Sinks/Supplies
- ☒ 62. Potty Chairs: Nonporous/Emptied/Disinfected
- ☒ 63. Hand Washing After Toileting: Staff/Children
- ☒ 64. Ventilation in Toilet Room
- ☒ 65. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

Written Corrective Action Plan Due
to OEC by: 3/4/22

Signature of Person in Charge:

Print name:

Linda Mayhew

Print name:

Amy L. Knox

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Comm. Org & Oper Latch Key</u>		License Number: <u>13006</u>	Date of Inspection: <u>2/18/22</u>
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) <u>N</u> ☐ 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) <u>N</u> ☒ 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 <u>none</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		Written Corrective Action Plan Due to OEC by: <u>3/4/22</u>	Signature of Person in Charge <u>Amy L. Knox</u>

Print Name: Linda Maylan

Print Name: Amy L. Knox

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Comm. Org. & Oper. License # 13000 Date: 2/18/22

Observations/Corrections needed:

latch key

- 1- Local health not available.
- 5- Room used and not approved.
- 7- Attendance records not complete for 2 days.
- 15- Radon test not available.
- 26- 2 agreements not complete / current.
- 38- Care plans not signed by staff.
- 49- Water test not completed.

Inspection not complete, will return for follow up.

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: 3/4/22Signature: Amy E. Knox

(Person in Charge)

Print Name: Amy E. Knox