

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Beehive Childrens Center NM</u>	License Number: <u>16870</u>	Date of Inspection: <u>2/2/2022</u> Time of Arrival: <u>9:54 AM</u>
Address: <u>278 Danbury Rd.</u>	Expiration Date: <u>6/30/2023</u>	Licensed Capacity: <u>104</u> Under 3 Capacity: <u>45</u>
Town: <u>New Milford, CT. 867760-4300</u>	Telephone: <u>760-355-8534</u>	# of children present: <u>46</u> # of staff present: <u>13</u>
Operator: <u>Beehive Childrens Center LM LLC</u>	Director: <u>Allison B Cacace</u>	
Email: <u>admin@beehivechildrenscenter.com</u>	Head Teacher: <u>Allison B Cacace</u>	
Hours of Operation: <u>6:30 AM - 6:30 PM Monday-Friday</u>	Summer Care: <u>Open</u>	
Ages Served: <u>6 weeks-11 years</u>	Instruction Codes: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
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 type="checkbox"/> Night Care (6wks & up)	

**Licensure Procedures 19a-79-2a**  
 1. Local Health Date: 7/6/2021

**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: 12/7/2021  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: \_\_\_\_\_  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: 4/14/2011 Results: .2

**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	✓	N/A
Dietitian	N/A	N/A

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: 9/22/2020  
 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>[Signature]</u>	Written Corrective Action Plan Due to OEC by: <u>2/16/2022</u>	Signature of Person in Charge: <u>Allison B. Cacace</u>
Print name: <u>BUDGETL. MERRILL</u>		Print name: <u>Allison B. Cacace</u>



SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Childrens Center NM License # 16870 Date: 2/3/2022

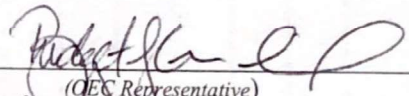
Observations/Corrections needed:

- #17- observed no documentation of annual policy review and current professional development for staff
- #44- observed no tape for First aid kit
- #34- observed no authorized release permission form for child
- #38- observed no individual care plan for child in preschool 3
- #67- observed water temperature less than 50° in Boys bathroom
- #76- observed unlocked toxins in Toddler c/d bathroom, Preschool 4 bathroom and above classroom sink in Preschool 3
- #80- observed second floor CO detector to be continuously beeping
- #82- observed rust on stall walls and rings behind toilets in Boys bathroom
- #99- observed no written parent permission form for diaper cream in Toddler B

\* Discussed C4 kids emergency plan requirements + BCIS  
 \* Due to time constraint and partial snow cover playgrounds to be inspected at a later date.

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:   
(OEC Representative)  
 Print Name: BRIDGET J. MCKILL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Allison B. Cacace  
(Person in Charge)  
 Print Name: Allison B. Cacace

OEC BY: 2/16/2022