

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Grace Daycare and Learning Center</u>		License Number: <u>10592</u>	Date of Inspection: <u>2-24-22</u>	Time of Arrival: <u>9:30am</u>
Address: <u>2 Saint Roch Ave</u>		Expiration Date: <u>12-31-24</u>	Licensed Capacity: <u>67</u>	Under 3 Capacity: <u>32</u>
Town: <u>Greenwich</u>		Telephone: <u>203-517-9547</u>	# of children present: <u>21</u>	# of staff present: <u>8</u>
Operator: <u>Grace Daycare and Learning Center Greenwich LLC</u>		Director: <u>Fritz Chery</u>	Head Teacher: <u>Janice Joyner</u>	
Email: <u>Fritz.g.chery@gmail.com</u>		Summer Care: <u>Open</u>		
Hours of Operation: <u>m-f 8am-5pm</u>		Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>3 months - 5 years</u>		<input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y)				

- Licensure Procedures 19a-79-2a**
- 1. Local Health Date: 5-3-21
- 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: 12-8-20
  - 10. OEC Complaint Procedure
  - 11. Food Service Certificate Date: 10-1-21
  - 12. Menus
  - 13. Emergency Plans
  - 14. No Smoking Signs
  - 15. Radon Test (Y/N) Date: 11-20-20 Results: 1-1
- 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 checked="" type="checkbox"/>	<input checked="" 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: 10-6-20  
Bacterial/Chemical Test (Y/N) Date: NA
  - 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>Cathy Anderson</u> Print name: <u>Cathy Anderson</u>	Written Corrective Action Plan Due to OEC by: <u>3-10-22</u>	Signature of Person in Charge: <u>Camila</u> Print name: <u>Camila Gutierrez</u>
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## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Grace Day Care and Learning Center</i></p>	<p><b>License Number:</b> <i>70592</i></p>	<p><b>Date of Inspection:</b> <i>2-24-22</i></p>
<p><b>Physical/Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N)</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/2" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13 <i>Discussed</i></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>Cathy Anderson</i></p> <p>Print Name: <i>Cathy Anderson</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>3-10-22</i></p>	<p><b>Signature of Person in Charge</b> <i>Camila Gutierrez</i></p> <p>Print Name: <i>Camila Gutierrez</i></p>

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Daycare and Learning Center License # 70592 Date: 2/24/22

Observations/Corrections needed:

#5 - Program failed to notify the OEC of Change in Director, Head Teacher and Health Consultant

#9 - Fire Marshal Certificate on site is expired (send copy to OEC)

#16 - 1 out of 8 Staff with a incomplete health record and 3 out of 8 Staff are missing TB results on site.

#17 - 5 out of 8 Staff missing documentation of annual Policy training

#34 - 2 out of 10 Child files missing authorized release other than parent

#38 - 3 Care Plans not signed by all Staff responsible for child's care.

#45 - room 1 - (intent side) - Staff have to climb over shelves or move a large chair to exit their side of the classroom.

(Toddler side) - Cubby shelf not secured and corner of sink is peeling and rough to the touch

room 3 - Cubby shelf not secured, 1 black garbage can unclean with dried food on outside of it and 1 child orange chair with large cracks on seat

room 4 - Cubby shelf not secured and refrigerator has rust on the side

Child hall bathroom - blind cord hanging low at child's level

#71 - hot water pipes exposed in library and hallways

#76 - Cleaning Closet Unlocked with many Cleaners (2 Cleaners <sup>was</sup> with bleach, 2 all surface sprays, Stainless Steel, Comet etc)

#84 - room 2 (entrance side) - 1 toy shelf without any material or toys and 1 toy shelf with 4 small bins of toys.

#80 - no CO Detector on site.

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: Cathy Anderson  
Print Name: Cathy Anderson  
(OEC Representative) Lori Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Camila  
Print Name: Camila Gutierrez  
(Person in Charge)

OEC BY: 3-10-22

Post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Daycare and Learning Center License # 70592 Date: 2-24-22

Observations/Corrections needed:

#89 - Under 3's - Gate is very hard to open (Staff Stated they have trouble opening it), blue and orange climber and house have ~~tot~~<sup>CA</sup> lots of peeling paint and rough wood at Child's level.

Over 3's - Sharp sticks coming through fence at child's level and gap under fence on right side 4"-6" that can cause entrapment.

#111 - 10 under 3's on the playground playing together

#112 - 10 under 3's on the playground playing together without a physical barrier

#113 - room 2 (left side) without a sink was not overstuffed

19a-79-3aca) - 1 core plan does not match Benadryl ~~dosage~~<sup>CA</sup> dosage on child's medication form.

Discussed

Dietitian needs to document their annual reviews on a log

CYK emergency plans do not meet federal compliance. Provider will develop its plan to meet requirements.

2 outlets up high not protected

room 3 - 2 cots with sheets touching the cots under them

- 1 child missing TB risk assessment
- 1 child enrollment without doctor phone number
- 1 child without developmental assessment completed on physical form.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Cathy Anderson Lori Mangano

Print Name: Cathy Anderson Lori Mangano  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Camila

OEC BY: 3-10-22

Print Name: Camila Gutierrez  
(Person in Charge)