

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Belden Hill Montessori</u>	License Number: <u>16569</u>	Date of Inspection: <u>3/14/22</u>	Time of Arrival: <u>9am</u>
Address: <u>48 New Canaan Rd</u>	Expiration Date: <u>9.30.22</u>	Licensed Capacity: <u>24</u>	Under 3 Capacity: <u>8</u>
Town: <u>Wilton, Ct. 06897</u>	Telephone: <u>(203) 762-8500</u>	# of children present: <u>17</u>	# of staff present: <u>3</u>
Operator: <u>Belden Hill Montessori LLC</u>	Director: <u>Sara Flanagan</u>	Head Teacher: <u>Sara Flanagan</u>	
Email: <u>beldenhillmontessori@gmail.com</u>	Summer Care: <u>No</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: <u>M-F 9am-6pm</u>	Ages Served: <u>2-5 years</u>		
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: 8.20.21
- 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: 8.17.21
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 12.2.21 Results: 1.4 pci/l
 15a. Developmental Milestones
- 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

- Swimming cont.**
 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: 8.10.21
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>J.R. Roberts</u>	Written Corrective Action Plan Due to OEC by: <u>3.28.22</u>	Signature of Person in Charge: <u>Sara A. Flanagan</u>
Print name: _____		Print name: <u>Sara A. Flanagan</u>

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Belden Hill Montessori		License Number: 16569	Date of Inspection: 3.14.22		
Physical Plant continued: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" 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 checked="" 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 (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <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 (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise Outdoor Space <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N) <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 Educational Requirements 19a-79-8a <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 Administration of Medications 19a-79-9a <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file Nonprescription Topical Medications <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications <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 Self-Administration <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization Emergency Distribution of Potassium Iodide <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage 		Under Three Endorsement 19a-79-10 <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 Y/N <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 checked="" 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 Outdoor Play Space-Under Three: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate School Age Children Endorsement 19a-79-11 <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 Night Care Endorsement 19a-79-12 (10pm-5am) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly Monitoring of Diabetes 19a-79-13 <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 			
Signature of OEC Representative Terri R Roberts		Written Corrective Action Plan Due to OEC by: 328.22		Signature of Person in Charge Sara Q. Flanagan	
Print Name: Terri R Roberts		Print Name: Sara Q. Flanagan			

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Belden Hill Montessori License # 16569 Date: 3.14.22

Observations/Corrections needed:

- 17 - 2 of 3 didn't meet required hours for 20-21' school year
- 27 - 3 of 4 logs not available for review
- 102 - 2 of 6 written medication authorizations missing parent signature

80

Discussed: Unable to verify depth of impact material as ground is frozen. Will return when weather allows.

Zip ties protruding thru fence on playground
Only health consultant required to visit program. Others don't have to.
But are required to complete post-visit review

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: T. K. Roberts
(OEC Representative)
Print Name: Terri K Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3.28.22

Signature: Sara A. Flanagan
(Person in Charge)
Print Name: Sara A. Flanagan