☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☒ Other addendum

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grasshopper Green Preschool Date: 3/18/22 Time: 2:12pm

Location Address: 1 Sterling City Rd Lyme 06371 Telephone #: 860-434-1844

e-mail address: grasshoppergreenprek@gmail.com License #: 16403 Expiration Date: 2/28/26

Capacity: 21 # of Children Present: — # of Staff Present: —

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** N/A

Purpose of visit: Revision to inspection dated 3/15/22

Observations/Corrections needed:

- Printed name of person in charge was not obtained on 3/15/22 inspection (page 1+2 only)
- Director scanned back copy with correction

Please keep all copies for your records

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: TLMontanye
(OEC Representative)
Print Name: TL Montanye

Signature: Sent via Email
(Person in Charge)
Print Name: Sent via Email

Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: Grasshopper Green Preschool	License Number: 16403	Date of Inspection: 3/15/22 Time of Arrival: 8:40am
Address: 1 Sterling City Rd	Expiration Date: 2/28/26	Licensed Capacity: 21 Under 3 Capacity: 8
Town: Lyme 06371	Telephone: 860-434-1844	# of children present: 2 # of staff present: 3
Operator: Grasshopper Green LLC	Director: Tina Santiago	
Email: grasshoppergreenpck@gmail.com	Head Teacher: Kerry Bryant	
Hours of Operation: 9:00am - 2:15pm	Summer Care: open	
Ages Served: 2yrs - 5yrs old	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	

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: 7/1/21

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: 6/17/21
- ✓ 10. OEC Complaint Procedure
- ✓ 11. Food Service Certificate Date: NA
- ✓ 12. Menus
- ✓ 13. Emergency Plans
- ✓ 14. No Smoking Signs
- ✓ 15. Radon Test (Y/N) Date: 2/15/07 Results: 1.0
- ✓ 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	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	—	—

- ☐ 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: 4/28/21
  Bacterial/Chemical Test (Y/N) Date: 4/28/21
- ✓ 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:	Written Corrective Action Plan Due to OEC by: 3/29/22	Signature of Person in Charge:
FMontanye		

Print name: FMontanye

Print name:

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:	License Number:	Date of Inspection:
Grasshopper Green Preschool	16403	3/15/22

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)
- 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)
- 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 ¼" 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
- NA 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
- NA 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

- 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:	Signature of Person in Charge
FilMontanye	3/29/22	
Print Name: Fil Montanye		Print Name:

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grasshopper Green Preschool License # 16403 Date: 3/15/22

Observations/Corrections needed:

(#7) exact time in and out not observed for children
(#26) current education, social service, and dental agreement not observed
(#27) current logs for review of policies and education program plan not observed for education, social service and dental ~~agreement~~ (FM) consultants
(#37) current physicals for 3 out of 7 children not observed
(#42) observed kitchen not separated in hallway to childrens bathroom upstairs.
(#44) observed first aid kit incomplete missing current manual
(#52) observed front door with gate opened for ventilation without screen
(#88) observe 8" of impacted (FM) material to be compacted within fall zones of swings, climbers and slides
(#119) Observed pad on changing table to be porous
(#134) observed monthly visits from health Consultant inconsisent (observed Aug, Oct, and Jan) missing Sept, Nov, Dec and Feb logs

Discussion
- BCIS discussed

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: [signature] (OEC Representative)
Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/29/22

Signature: [signature] (Person in Charge)
Print Name: Tina Santiago

Grasshopper Green LLC

Address: 1 Sterling City Rd	Expiration Date: 2/28/22	Licensed Capacity: 21	Under 3 Capacity: 8
Town: Lyme 06371	Telephone: 860-434-1847	# of children present: 2	# of staff present: 3
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Email: grasshoppergreenpre2@gmail.com	Head Teacher: Kerry Bryant		
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Ages Served: 2yrs - 5yrs old	Instruction Codes: N/A = Not applicable at this time; √ = Compliance/No violation found; O = Non-compliance/Violation found		

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Complaints
- ☐ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
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Dietitian	—	—

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Fl Montanye	3/24/22	Tina P Santiago

Print name: Fl Montanye

Print name:

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Monitoring of Diabetes 19a-79-13

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Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
FMontanye	3/29/22	Tina P Santiago
Print Name: FI Montanye		Print Name: