

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Wallingford Community Day Care</u>	License Number: <u>14175</u>	Date of Inspection: <u>3.23.22</u>	Time of Arrival: <u>10:01</u>
Address: <u>80 Wharton Brook Dr.</u>	Expiration Date: <u>2.28.25</u>	Licensed Capacity: <u>135</u>	Under 3 Capacity: <u>32</u>
Town: <u>Wallingford</u>	Telephone: <u>203-294-4176</u>	# of children present: <u>103/25</u>	# of staff present: <u>19+</u>
Operator: <u>Wallingford Community Day Care, Inc.</u>	Director: <u>Tamarah Smith</u>		
Email: <u>wallingforddaycare@gmail.com</u>	Head Teacher: <u>Amanda Jones</u>		
Hours of Operation: <u>M-F 6:30-6:00</u>	Summer Care: <u>open</u>		
Ages Served: <u>6 weeks - 12 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: 8.3.21

**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: 8.26.21

10. OEC Complaint Procedure

11. Food Service Certificate Date: 6.30.22

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: 2.12.22 Results: .09

**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: 1.5.22  
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>Jennifer Sew</u>	Written Corrective Action Plan Due to OEC by: <u>4.6.22</u>	Signature of Person in Charge: <u>Tamarah Smith</u>
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Print name: Jen Sew

Print name: Tamarah Smith

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Wallingford Community Day Care</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 type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input 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 type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input 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 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 type="checkbox"/> 89. Playground Free from Hazards</li> <li><input type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (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 type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input 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> </ul> <p><input type="checkbox"/> 107. Approved Petition For Special Med Authorization</p> <p><b>Emergency Distribution of Potassium Iodide</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</li> </ul>	<p><b>License Number:</b> <i>14175</i></p> <p><b>Date of Inspection:</b> <i>3-23-22</i></p> <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 1/4" 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 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 type="checkbox"/> 148. Approved Endorsement</li> <li><input type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input type="checkbox"/> 150. Staff Awake/Available</li> <li><input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</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>Jennifer Sew</i></p> <p><b>Print Name:</b> <u>Jennifer Sew</u></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>4-6-22</i></p>	<p><b>Signature of Person in Charge</b> <i>Tamarah Smith</i></p> <p><b>Print Name:</b> <u>Tamarah Smith</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Community Day Care License # 14175 Date: 3-23-22

Observations/Corrections needed:

#38 observed 2 care plans not signed by staff and 1 care plan not signed by parent

Observed 1 care plan in room 3 to indicate meds to be administered and no medication on site. Staff not able to carry out care plan

#45 observed cabinet under hand wash sink, in room T2A to have surface material peeling off cabinet door. Observed same cabinet door to not be secured to cabinet adequately (loose)  
-observed 2 broken toilet tank lids in children's bathrooms between rooms 1 and 2.

- observed 4 protruding screw heads, on walls by sink in room 3 bathroom

-observed children bathroom counters and backsplashes to be unclear throughout program. Observed accumulated dust, dried soap and dried paint

#65 observed bathroom vents in childrens bathrooms between rooms 1 and 2, school age 1 and school age 2 and T2B to not be in working order

#69 observed ceiling vents and ceiling tiles around the vents to be dusty throughout program.

Observed stained ceiling tiles in waddler, T2B room and lower level hallway outside school age 1 room

-observed bathroom walls to be dusty, throughout program

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: Jennifer Lewis  
(OEC Representative)

Print Name: Jennifer Lewis

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tamarah Smith  
(Person in Charge)

OEC BY: 4/6/22

Print Name: Tamarah Smith

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Wallingford Community Day Care License # 14175 Date: 3/23/22

Observations/Corrections needed:

#69 continued: observed wall behind basketball, in school age 1 to be scratched  
 observed wall under window, behind/near red shelf, in waddler room to have paint peeled off exposing wall board  
 observed walls in T2B bathroom, around door, to have accumulated dust. observed wall in T2b, by bathroom and garbage can to have paint worn away, and paint/wall bubbling by floor trim. Trim starting to pull away from wall  
 observed wall behind cots to have scratches and gouges in paint--room 1  
 observed wall vent to be coming off of / out of wall and to have masking tape attached to fan edge, by exit door, in room 1  
 observed floor/wall trim peeling away from the wall in room 3, school age 1 and school age 2 rooms. observed blue exit door in SA 2 room, peeling  
 #70 observed rug with circles on it, in room 2, to be curling posing a trip hazard. Observed car rug to<sup>us</sup> in room 3 to be unraveling and rug in school age 2 to be unraveling by cubbies  
 #82 observed bottom of shelf, in waddler room, on floor to have peeling duck tape exposing wood that is jagged/splintering  
 observed rust on bathroom stall divider in room 3, on both sides  
 observed rusted bathroom water shut off valves in room 1 <sup>school age</sup>  
 metal bathroom divider in school age 1 observed to be rusty on panel next to sink.

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

Signature: Jennifer Senne  
(OEC Representative)

Print Name: Sen Senne

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tamarah Smith  
(Person in Charge)

OEC BY: 4/6/22

Print Name: Tamarah Smith

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford Community Day Care License # 14175 Date: 3-23-22

Observations/Corrections needed:

#83 observed class 3, children are 4-5 yrs old, in attendance all day, to not have cots accessible. Observed children laying on floor. Observed 1 child sleeping and vinyl "pillow/cushion".

#88<sup>90</sup> observed vinyl siding, outside waddler class door, to be peeling. This area accessible to under 3 children on the outdoor play space.

#88<sup>90</sup> observed gray bars and poles on over 3 playground climber to be cracked in areas joined together. These joint areas are cracking and rusting. Observed rusted fence posts, laying down, on over 3 playground

#89 - observed protruding fence ties, on under 3 playground to be sharp, along fence at child level.

#101 observed 1 med in T2A to not be labeled - a liquid thickener

#102 observed 6 medication authorization forms to be incomplete, missing parent authorization checked off and/or missing parent contact # / child address.

#140 observed 1 bottle in infant room to not be labeled with child's name

#160 observed dangling cords accessible in infant ~~and~~ room

Discuss - observed 3 topical creams to not have authorization forms

Inspection not complete. Did not conduct record review for staff and children, will return to complete and do policy review

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

Signature: Jen Serra Jen Serra  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tamarah Smith  
(Person in Charge)

OEC BY: 4/6/2022