

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|--|--|---|-------------------------------|
| Program Name: <u>Apple Tree Day Care</u> | License Number: <u>15613</u> | Date of Inspection: <u>3/21/22</u> | Time of Arrival: |
| Address: <u>117 Long Hill Cross Rd</u> | Expiration Date: <u>5/31/25</u> | Licensed Capacity: <u>69</u> | Under 3 Capacity: <u>35</u> |
| Town: <u>Shelton</u> | Telephone: <u>(203) 929-8181</u> | # of children present: <u>47</u> | # of staff present: <u>10</u> |
| Operator: <u>Apple Tree Day Care</u> | Director: <u>Deborah Petruzzello</u> | Head Teacher: <u>Deborah Petruzzello</u> | |
| Email: <u>appletreecares@yahoo.com</u> | Summer Care: <u>open</u> | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | |
| Hours of Operation: <u>6:30-6:00</u> | Ages Served: <u>6wks to 14</u> | | |
| Enforcements: <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: 3/19/21

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 9/24/21
 9. Current Fire Marshal Certificate Date: 9/25/19
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 12/10/10 Results: .6

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 | 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: 10/20/21
 Bacterial/Chemical Test (Y/N) Date: n/a
 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>Jame Fortin</u> | Written Corrective Action Plan Due to OEC by: <u>3/14/22</u> | Signature of Person in Charge: <u>Deborah Petruzzello</u> |
| Print name: <u>Jame Fortin</u> | | Print name: <u>Deborah Petruzzello</u> |

Att: Jamie Fontini

From: Apple Tree Daycare
203 929-8181

Pages: 4 including cover sheet.

Fax: 1-860-324-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Apple Tree DayCare License Number: 15613 Date of Inspection: 3/21/22

- 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)
 - 91. Lead Management Plan (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

- Emergency Distribution of Potassium Iodide**
- 108. KI Pills Parent Permission/Storage

- 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 1/4" 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
 - 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
 - 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 N/A**
- 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
James Fortin

Written Corrective Action Plan :
Due to OEC by 4/14/21

Signature of Person in Charge
Patricia Petri

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Apple Tree Day Care License # 15613 Date: 3/21/22

Observations/Corrections needed:

- (16) 1 staff's negative TB test not observed
 - (38) Care Plans not signed by all staff responsible for care of child
 - (76) Chemicals unlocked (Fabuloso) in classrooms
 - (92) Basketball hoops not secured on playground / Gross Motor Space
 - (101) No documentation of staff trained to administer injectables: Oral, topical, inhalent certificates state expired after 1 year. current expiration is dated 12/21 but conducted on 12/20.
- Discussed: provider does not accept Care4Kids. BCIS have tickets in for assistance

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: Jaime Fortin
Print Name: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/4/21

Signature: Deborah Petrucci
Print Name: Deborah Petrucci
(Person in Charge)