

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Carelot Childrens Center - Cubhunko</u>	License Number: <u>16730</u>	Date of Inspection: <u>4/15/22</u>	Time of Arrival: <u>7:30</u>
Address: <u>470 Boston Post Road</u>	Expiration Date: <u>5/31/22</u>	Licensed Capacity: <u>57</u>	
Town: <u>Waterford</u>	Telephone: <u>860 691 1529</u>	# of children present: <u>0</u>	# of staff present: <u>1</u>
Operator: <u>Carelot Childrens Center Inc</u>	Director: <u>Heather Hunter Cable</u>	Head Teacher: <u>Lorraine Lee</u>	
Email: <u>heather@carelot.net</u>	Summer Care: <u>closed</u>		
Hours of Operation: <u>Monday - Friday 3pm - 6pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5 years - 11 years</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 3/22/22

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: 10/14/21

10. OEC Complaint Procedure

11. Food Service Certificate Date: N/A

12. Menus

13. Emergency Plans

14. No Smoking Signs

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

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

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

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 (Y/N) Date: 7/16
Bacterial/Chemical Test (Y/N) Date: N/A

50. Walkways Maintained

51. Designated Staff Toilet/Sink

53. Windows Protected to Prevent Falls

55. Overhead Doors Locking Devices/ Spring Protectors

56. Exits/Hallways and Stairs Unobstructed

58. Smoking Prohibited

59. Matches/Lighters Inaccessible

61. Toileting Needs Met

62. Required Toilets/Sinks/Supplies

64. Hand Washing After Toileting: Staff/Children

65. Ventilation in Toilet Room

66. Air Temperature Comfortable

68. Portable Space Heaters

69. Building/Equipment: Sanitary/Hazard Free

71. Hot Water/Steam Pipes Protected

72. Working Phone on Each Level

Signature of OEC Representative: <u>Candace Deloreto</u>	Written Corrective Action Plan Due to OEC by: <u>4/15/22</u> <u>n/a</u>	Signature of Person in Charge: <u>Lorraine Lee</u>
Print name: <u>Candace Deloreto</u>		Print name: <u>Lorraine Lee</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Childrens Center License # 16730 Date: 4/5/22

Observations/Corrections needed:

Program is temporarily closed due to low enrollment but wishes to maintain current license.

There were no cited violations

Program to maintain required documents.

Discussed

CCDF training and emergency plans discussed.

BCIS - program to reinstate prior to reopening

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: Candlynne Deloreto

Print Name: Candlynne Deloreto
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lorraine Lee

OEC BY: n/a

Print Name: Lorraine Lee
(Person in Charge)