

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Children of America Wethersfield	License Number: Pending	Date of Inspection: 4/11/22	Time of Arrival: 8:18
Address: 1199 Silas Deane Highway	Expiration Date: —	Licensed Capacity: —	Under 3 Capacity: —
Town: Wethersfield, Ct 06109	Telephone: 959-223-2100	# of children present: —	# of staff present: —
Operator: Children of America Wethersfield LLC	Director: Lauren Eldridge	Head Teacher: Ashlie Demarco	
Email: coawethersfieldct@childrenofamerica.com	Summer Care: Opened		
Hours of Operation: 6:30am - 6:30pm	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
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: **4/7/22**

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: **3/8/22**
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: **4/7/22**
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **12/2/21** Results: **1.0 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 type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input 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: **11/23/21**
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:

Written Corrective Action Plan Due to OEC by: **Rudito opening**

Signature of Person in Charge:

Print name: **Johanne Walo**

Print name: **Lauren Eldridge**

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Children of Amovia-Wethersfield</i></p> <p>Physical Plant continued:</p> <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 <p>Outdoor Space</p> <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"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <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 <p>Administration of Medications 19a-79-9a <i>no children</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <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 <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p>License Number: <i>Pending</i></p> <p>Date of Inspection: <i>4/11/22</i></p> <p>Under Three Endorsement 19a-79-10</p> <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 ¼" 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 <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <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 <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>no children</i></p> <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
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<p>Signature of OEC Representative <i>[Signature]</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>Prior to opening</i></p>	<p>Signature of Person in Charge <i>[Signature]</i></p>
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Print Name: *Johanne Palo*

Print Name: *Lauren Eldridge*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America - Wethersfield. License # Pending Date: 4/11/22

Observations/Corrections needed:

#6 Incomplete policies
#88 No documentation for surfacing.

Still needed

- Building Approval
- Supervision plan pick up / drop off (water)
- Playground safety inspection (monkey-go-round)


Measurements

Room 1 : $(22.67 \times 24.08) + (16.83 \times 9.5) + (5.58 \times 4.92) - (2 \times 5.5) - (2 \times 5.5)$
 preschool 1A 545.89 + 159.89 + 27.45 - 1.16 - ^{wall} 11 = ^{food prep} 721.07
 $721.07 \div 35 = 20.6$ OK for 20 children

Room 2
 Toddlers A: $(21.92 \times 17.83) - (6.08 \times 11.83) - (2.75 \times 2.75) - (2 \times 5.5)$
 (under 3) 390.83 - (71.93) - (7.56) - (11) = 300.34
 $300.34 \div 35 = 8.5$ OK for 8 children

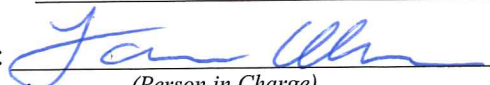
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: 
 (OEC Representative)
 Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prim to opening

Signature: 
 (Person in Charge)
 Print Name: Lauren Eldridge

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America - Wetherfield License # Pending Date: 4/11/22

Observations/Corrections needed:

Room 3 : $(31.08 \times 18.25) - (\overset{\text{bathroom}}{4.5 \times 6.58}) - (\overset{\text{wall}}{1.75 \times 5.25}) - (\overset{\text{food prep}}{2 \times 5.5}) - (\overset{\text{fridge}}{2.75 \times 2.75}) -$
Two's A $567.21 - (29.61) - (9.19) - (11) - (7.56) - (105) =$
(under 3) $404.85 \div 35 = 11.57$ OK for 8 children

Room 4 : $(31.08 \times 15) - (\overset{\text{bathroom}}{7.92 \times 6.17}) - (\overset{\text{fridge}}{2.75 \times 2.75}) - (\overset{\text{food prep}}{2 \times 5.5})$
Two's B $466.2 - (48.87) - (7.56) - (11) = 398.77 \div 35 = 11.39$
under 3 OK for 8 children

Room 5 : $(37.67 \times 20.83) - (\overset{\text{Bathroom}}{8 \times 6.08}) - (2 \times 5.5)$
Pre-K A $784.67 - (48.64) - (11) = 725.03 \div 35 = 20.7$
OK for 20 children


Room 6 : $(36.83 \times 20.83) - (\overset{\text{Bathroom}}{7.92 \times 5.83}) - (\overset{\text{food prep}}{2 \times 5.5}) - (\overset{\text{wall}}{4.17 \times 9.2})$
Pre-K B $767.17 - (46.17) - (11) - (3.84) = 706.16 \div 35 = 20.18$
OK for 20 children

Room 7 : $(23.42 \times 17.17) - (\overset{\text{food prep}}{2 \times 5.5}) - (\overset{\text{Fridge}}{2.75 \times 2.75})$
Infant A $402.12 - (11) - (7.56) = 383.56 \div 35 = 10.96$
(under 3) OK for 8 children


Room 8 : $(22.83 \times 18.08) - (\overset{\text{food prep}}{2 \times 5.5}) - (\overset{\text{Fridge}}{2.75 \times 2.75})$
Infant B $412.77 - (11) - (7.56) = 394.21 \div 35 = 11.26$
under 3 OK for 8 children

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

Signature: 
 (OEC Representative)
 Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
 (Person in Charge)
 Print Name: Lauren Eldridge

OEC BY: Prun to opening

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children of America - Wethersfield License # Pending Date: 4/11/22

Observations/Corrections needed:

Room 9 : $(38 \times 27.67) - (1.83 \times 5.17)^{\text{wall}} - (4.67 \times 7.83)^{\text{wall}} - (2 \times 5.5)^{\text{food prep}} - (4.67 \times 16.83)^{\text{wall}} - (4.5 \times 15.83)^{\text{wall}} =$
Preschool 11A $1,051.46 - (9.46) - (36.57) - (11) - (78.59) - (71.24) =$
 $844.6 \div 35 = 24.1$ OK for 24 children

Room 10 : $(30.67 \times 26.42) - (1.67 \times 5.92)^{\text{bathroom}} - (6.75 \times 2.5)^{\text{wall}} - (4.58 \times 4.08)^{\text{wall}} - (3.83 \times 8.08)^{\text{bathroom}} - (2 \times 5.5)^{\text{food prep}} =$
City place $810.30 - (9.89) - (16.87) - (18.68) - (30.95) - (11) =$
 $722.91 \div 35 = 20.6$ OK for 20 children

Room 11 : $(30.67 \times 24.25) - (7.92 \times 2.17)^{\text{wall}} - (2 \times 5.5)^{\text{food prep}} =$
Preschool 11B $743.75 - (17.19) - (11) = 715.56 \div 35 = 20.44$
OK for 20 children

Playgrounds

Under 3 : $68.17 \times 23.87 = 1,613.58 \div 75 = 21.51$ 21

Preschool : $(54.58 \times 40) + \frac{(17.25 \times 40)}{2} = 2,183.2 + 345 =$
 $2,528.2 \div 75 = 33.7$ 33

Toilets: 10

Sinks: 10+

2 Staff bathrooms:

Total Capacity 160
including 40 under 3

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

Signature: [Signature]

(OEC Representative)

Print Name: Johanne Dulo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

(Person in Charge)

OEC BY: Prior to opening

Print Name: Lauren Eldridge

