

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>First Presbyterian Nursery School</u>	License Number: <u>12346</u>	Date of Inspection: <u>4/18/22</u>	Time of Arrival: <u>9:15am</u>
Address: <u>178 Denoke Ridge</u>	Expiration Date: <u>2-28-25</u>	Licensed Capacity: <u>71</u>	Under 3 Capacity: <u>8</u>
Town: <u>New Canaan, Ct. 06840</u>	Telephone: <u>(203) 966-5234</u>	# of children present: <u>55</u>	# of staff present: <u>10</u>
Operator: <u>First Presbyterian <sup>Nursery</sup> School Board</u>	Director: <u>Joanne Lavista</u>	Head Teacher: <u>Elizabeth Malozzi</u>	
Email: <u>jlavista@fpns.net</u>	Summer Care: <u>No</u>		
Hours of Operation: <u>M-F 9am-12pm M-W 9am-1:55pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>3-5 years</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

Licensure Procedures 19a-79-2a

- 1. Local Health Date: \_\_\_\_\_
- 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: 11-19-21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 4-27-94 Results: 0.7 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

	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

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: 12-28-21
- 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: <u>T. Roberts</u>	Written Corrective Action Plan Due to OEC by: <u>5-22-22</u>	Signature of Person in Charge: <u>Joanne Lavista</u>
Print name: <u>Terri R Roberts</u>		Print name: <u>Joanne Lavista</u>

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <u>First Presbyterian Nursery School</u></p>	<p><b>License Number:</b> <u>12346</u></p>	<p><b>Date of Inspection:</b> <u>4/18/22</u></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 checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" 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) <input checked="" type="checkbox"/></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 checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" 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 checked="" 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 checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) <input checked="" type="checkbox"/> Sample Taken (Y/N) <input checked="" type="checkbox"/></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 checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" 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 checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</p>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li>N/A <input type="checkbox"/> 109. Approved Endorsement</li> <li>N/A <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input type="checkbox"/> 115. Washable Cots</li> <li><input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input type="checkbox"/> 120. Washed/Disinfected</li> <li><input type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input 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 type="checkbox"/> 141. Play Space Fenced</li> <li><input 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>N/A <input type="checkbox"/> 143. Approved Endorsement</li> <li>N/A <input type="checkbox"/> 144. Activity choices appropriate</li> <li><input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input 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>N/A <input type="checkbox"/> 148. Approved Endorsement</li> <li>N/A <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</b> <u>no child currently enrolled</u></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> <u>Teri R Roberts</u></p> <p><b>Print Name:</b> <u>Teri R Roberts</u></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <u>5.2.22</u></p>	<p><b>Signature of Person in Charge</b> <u>Janne A Lavista</u></p> <p><b>Print Name:</b> <u>Janne A. Lavista</u></p>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Presbyterian Nursery School License # 12346 Date: 9/18/22

Observations/Corrections needed:

- 1 - Not available for review  
~~2 - Not available for review OK (TR)~~  
 3 - Not available for review for each staff, orientation grid and date only  
 4 - Does not state "dismissed"  
 5 - No longer using barn classroom, notification not submitted  
 7 - Children's attendance record does not reflect specific time of arrival and departure and not recorded daily  
 17 - 2 didn't meet requirement for 20-21' and 1 had no record  
 27 - 2 of 4 not available for review  
 53 - windows not protected on 2nd floor  
 65 - Two bathrooms do not have ventilation as windows were painted shut  
 89 - loose support rails at top of slide, bird dropping accessible  
 102 - One doesn't include type of allergy and one doesn't specify <sup>type</sup> food allergy  
 103 - 2 benadryls not in original container - no box and no expiration date  
 Dismissed: Program to send copy (OK TR) of health inspection report  
 Animal burrows throughout playground  
 Ceiling tile buckled in one classroom, shelf buckled in one room  
 Illness report not given to parents ~~as observed (TR)~~  
 "Staff meeting" not a title of training as documented in professional development logs

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: J. R. RobertsPrint Name: J. R. Roberts  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jane A. CavistaPrint Name: Jane A. Cavista  
(Person in Charge)OEC BY: S. Z. 22