

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: Children's Center of Cos Cob  
 Address: 300 Boston Post Rd - Cos Cob School  
 Town: Greenwich  
 Operator: Children's Center of Cos Cob INC  
 Email: Marcela Gonzalez @ greenwich.k12.ct.us  
 Hours of Operation: M-F 730am-800am  
330pm-600pm  
 Ages Served: 5 years - 12 years  
 License Number: 14143  
 Expiration Date: 10-31-24  
 Telephone: 203-625-5569  
 Director: Marcela Gonzalez  
 Head Teacher: Maricela Gomez  
 Summer Care: Closed  
 Date of Inspection: 5-5-22 Time of Arrival: 1300am  
 Licensed Capacity: 25  
 # of children present: 19 # of staff present: 3  
 Instruction Codes:  
 ✓ = Compliance/No violation found O = Non-compliance/Violation found  
 N/A = Not applicable at this time

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 10-29-20

**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: 2-1-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: NA 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	<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	<u>NA</u>	<u>NA</u>

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: NA  
Bacterial/Chemical Test (Y/N) Date: NA
- 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: Cathy Anderson Written Corrective Action Plan Due to OEC by: 5-19-22 Signature of Person in Charge: Maria Chiappetta  
 Print name: Cathy Anderson Print name: Maria Chiappetta

### SCHOOL AGE ONLY INSPECTION FORM

Program Name:

Children's Center of Cos Cob

License Number:

14143

Date of

Inspection:

5-5-22

**Physical Plant continued:**

- 73. Emergency Numbers Posted
- 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) *(N)*
- 80. Operable CO Detector on Each Level *(N)*
- 81. Program Space/Adequate Sq. Ft. Per Child
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) *(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 of Hazards
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Playground Protected
- 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 Pill Parent Permission/Storage

**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

**Monitoring of Diabetes 19a-79-13**

- 154. Written Policies/Procedures *Discussed w/child enrolled*
- 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

*Cathy Anderson*

Written Corrective Action Plan

Due to OEC by: *5-19-22*

Signature of Person in Charge

*Maria Chiappetta*

Print Name: *Cathy Anderson*

Print Name: *Maria Chiappetta*

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Center of Cos Cob License # 14143 Date: 5-5-22

Observations/Corrections needed:

- #4-5 out of 8 Child files without documentation of Behavior Policy being discussed
- #16-2 out of 5 Staff with an expired health record, 1 out of 5 without a TB results and 1 out of 5 with a health record not complete.
- #32- Child files do not have exact date of enrollment
- #37- 1 out of 8 Child health records not on site and 1 out of 8 without a exam date.
- #38- 4 Care Plans not signed by all staff responsible for child.
- #104- 5 medications on site are expired

Discussed

Emergency Plans were posted during the inspection.

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: Cattin

Print Name: Cathy Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maria Chiappetta

OEC BY: 5-19-22

Print Name: Maria Chiappetta  
(Person in Charge)