

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Granny's Little Angels, LLC @ Peggy's</u>	License Number: <u>70432</u>	Date of Inspection: <u>5-24-22</u> Time of Arrival: <u>9am</u>
Address: <u>Pumpkins Reservoir Ave</u>	Expiration Date: <u>9-30-22</u>	Licensed Capacity: <u>29</u> Under 3 Capacity: <u>12</u>
Town: <u>Bridgeport</u>	Telephone: <u>203-545-7822</u>	# of children present: <u>11</u> # of staff present: <u>4</u>
Operator: <u>Granny's Little Angels LLC</u>	Director: <u>Kenya Moales Bryd</u>	
Email: <u>Kmoalesbryd@yahoo.com</u>	Head Teacher: <u>Kenya Moales Bryd</u>	
Hours of Operation: <u>m-f 730am - 530pm</u>	Summer Care: <u>open</u>	
Ages Served: <u>6 weeks - 12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
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: 10-1-21

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. Current Fire Marshal Certificate Date: 8-17-21
- 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: 11-17-20 Results: 1.4

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	<u>0</u>	<u>0</u>
Health	<u>1</u>	<u>0</u>
Social Service	<u>0</u>	<u>0</u>
Dental	<u>0</u>	<u>0</u>
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 Date: 8-17-20  
Bacterial/Chemical Test (Y/N) Date: NA
- 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:

Cathy Anderson

Print name: Cathy Anderson

Written Corrective Action Plan Due to OEC by: 6-7-22

Signature of Person in Charge:

Kmoales

Print name: Kenya Moales

## CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <i>Granny's Little Angels, LLC @ Peggy's Pumpkins</i>		<b>License Number:</b> <i>70432</i>	<b>Date of Inspection:</b> <i>5-24-22</i>
<b>Physical Plant continued:</b> <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 <b>Outdoor Space</b> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" 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 <b>Educational Requirements 19a-79-8a</b> <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 <b>Administration of Medications 19a-79-9a</b> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <b>Nonprescription Topical Medications</b> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <b>Oral/Topical/Inhalant/Injectable Medications</b> <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 <b>Self-Administration</b> <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		<b>Under Three Endorsement 19a-79-10</b> <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 1/4" 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 <b>Outdoor Play Space-Under Three:</b> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <b>School Age Children Endorsement 19a-79-11</b> <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 <b>Night Care Endorsement 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <b>Monitoring of Diabetes 19a-79-13 <i>discussed no child</i></b> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <i>enrolled</i> <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	
<b>Signature of OEC Representative</b> <i>Cathy Anderson</i>		<b>Written Corrective Action Plan</b> <b>Due to OEC by:</b> <i>6-7-22</i>	
<b>Signature of Person in Charge</b> <i>Kenya Moore</i>		<b>Print Name:</b> <i>Kenya Moore</i>	

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC License # 70432 Date: 5-24-22

Observations/Corrections needed: ⓐ Peggy Pumpkins

- #4 - 2 out of 8 Child files without documentation of behavior policy being discussed
- #7 - no documentation that staff are being signed in or out
- #16 - 2 out of 4 staff without a health record on site and 1 out of 4 with an expired health card.
- #17 - 4 out of 4 staff without documentation of annual policy training and new staff orientation.
- #26 - Education, social service and dental agreements are not on site
- #27 - Consultant <sup>CA</sup> logs do not <sup>have</sup> annual reviews documented
- #32 - 3 out of 8 Child files without Enrollment information
- #33 - 3 out of 8 Child files without Emergency Medical Permission
- #34 - 3 out of 8 Child files without Authorized Release Permission
- #45 - Items are being stored on stove top (flap, items in plastic bags and puzzles)
- #89 - Observed - screw ends protruding on both sides of entrance gates, small basket ball hoop not secured, broken play house and water table is filled with water that is black (appears to be in there for awhile)
- #110 - When I arrived there <sup>was</sup> 1 staff with 6 under 3's at 9am and a 9:25am. One more child arrived which had 7 under 3's with 1 staff. The second staff came in at 9:30am.
- 19-79-3a(5)(c) - When I arrived there were 4 children with 1 staff in the kitchen area and 2 children in the toddler room, with gate closed without a staff member. There <sup>ⓐ</sup> was many times observed those children out of site from staff member in kitchen.
- #114 - no documentation that crib dated 1/2020 <sup>2010</sup> meet compliance
- #134 - no documentation that health consultants visiting weekly.

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kenya Moales  
(Person in Charge)

OEC BY: 6-7-22

Print Name: Kenya Moales

SUPPLEMENTAL REPORT OF INSPECTION

Post

Name of Program/Provider: Granny's Little Angels, LLC License # 70432 Date: 5-24-22

Observations/Corrections needed: CA peggy Pumpkins

#13 - Emergency ~~Admt~~ <sup>CA</sup> Plans are not posted.

#67 - ~~Water temperature measures 41°~~ <sup>CA</sup> in both child's bathroom sinks <sup>CA</sup>

#99 - 3 diaper creams with forms.

Discussed

"CYK Provider - Emergency Plan does not meet all federal requirements. Provider will develop/revise its emergency plan to meet federal requirements."

Pink rug in toddler room is not secured

thermometer is not affixed in front room

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

Signature: Cathy Andrus  
(OEC Representative)

Print Name: Cathy Andrus

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kenia Morales  
(Person in Charge)

OEC BY: 6-7-22

Print Name: Kenia Morales