

Post for 30
Operating
Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|--|---|--------------------------------------|------------------------------|
| Program Name: Academy of Early Learning | License Number: Pending | Date of Inspection: 5/26/22 | Time of Arrival: 8:30 |
| Address: 205 Academy Rd | Expiration Date: _____ | Licensed Capacity: 47 | Under 3 Capacity: 28 |
| Town: Cheshire, Ct 06410 | Telephone: 203-806-1353 | # of children present: _____ | # of staff present: _____ |
| Operator: Academy of Early Learning LLC | Director: Beth Scarpati | Head Teacher: Samantha Walker | |
| Email: academyoel@gmail.com | Summer Care: Open | | |
| Hours of Operation: 6:30am - 6:00pm | Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found | | |
| Ages Served: 6 weeks to 5 years | 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: **5/25/22**

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: **5/19/22**
- 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: _____
- 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 | ✓ | |
| Health | ✓ | |
| Social Service | ✓ | |
| Dental | ✓ | |
| Dietitian | - | - |

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: **3/2/22**
Bacterial/Chemical Test (Y/N) Date: **1/18/22**
- 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: _____

Signature of Person in Charge:

Print name: **Johanne Dalo**

Print name: **Beth Scarpati**

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Academy of Early Learning License # Pending Date: 5/26/22

Observations/Corrections needed:

All items were discussed and/or observed.
No violations at time of visit

DISCUSSION

→ First Aid manual older than 5 years

Room 1: $(12.75 \times 16.33) - (3 \times 2.08) = 201.97 \div 35 = 5.77$
under 3 208.21 - 6.24 OK for 5 (4) per program

Room 2: $(13.08 \times 16.33) - (3 \times 2.08) = 207.36 \div 35 = 5.92$
under 3 213.60 - 6.24 OK for 5 (4) per program

Room 3: $(26.58 \times 16.33) - (5 \times 2.08) = 423.65 \div 35 = 12.10$
under 3 434.05 - 10.4 OK for 8

Room 4: $(13.08 \times 16.33) - (3 \times 2.08) = 207.36 \div 35 = 5.9$
under 3 213.60 - 6.24 OK for 5 (4) per program

Room 5: $(12.83 \times 16.33) - (3 \times 2.08) = 203.27 \div 35 = 5.81$
under 3 209.51 - 6.24 OK for 5 (4) per program

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: Johanna Dale

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: _____

Print Name: Beth Scarpati

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Academy of Early Learning License # Pending Date: 5/26/22

Observations/Corrections needed:

Room 6: ^{counter} $(22.25 \times 19) - (5 \times 2.08) = 412.35 \div 35 = 11.78$
3yr's 422.75 - 10.4 OK for 11

Room 7: $(22.92 \times 19) - (5 \times 2.08) = 425.08 \div 35 = 12.14$
4yr's 435.48 - 10.4 OK for 12

Playground:

$(55.35 \times 37.55) = 2,078.39 \div 75 = 27.71$

OK for 27

Toilets: ~~48~~ ³⁰ 3

Sinks: 3+

Staff Bath: 1

~~Toilet~~ ³⁰

Total Capacity 47 *
including 28 under 3

* per amount of toilets

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Signature: 
(OEC Representative)

Print Name: Johanne Dalo

Signature: 
(Person in Charge)

Print Name: Beth Scarpati

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____