

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Right Place</u>	License Number: <u>15173</u>	Date of Inspection: <u>6/22/12</u> Time of Arrival: <u>12:30</u>
Address: <u>15 Foster St.</u>	Expiration Date: <u>3/31/25</u>	Licensed Capacity: <u>34</u> Under 3 Capacity: <u>0</u>
Town: <u>Danbury, CT 06810</u>	Telephone: <u>203-792-1472</u>	# of children present: <u>28</u> # of staff present: <u>4(1)</u>
Operator: <u>The Salvation Army</u>	Director: <u>Suzy Almeida</u>	
Email: <u>Suzy.almeida@usc.salvationarmy.org</u>	Head Teacher: <u>Suzy Almeida</u>	
Hours of Operation: <u>M-F 7:30 - 5:30</u>	Summer Care: <u>open</u>	
Ages Served: <u>3-5 y.o.</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
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: 8/23/21

**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: 8/24/21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: —
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11/13/97 Results: .8
- 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 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 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: 8/17/20  
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:

Kristi Morgan

Print name: Kristi Morgan

Written Corrective Action Plan Due to OEC by:

7/6/22

Signature of Person in Charge:

Suzy Almeida

Print name: Suzy Almeida

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Right Place</u>		License Number: <u>15173</u>	Date of Inspection: <u>6/22/22</u>
<p><u>Physical Plant continued:</u></p> <p><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</p> <p><input checked="" type="checkbox"/> 68. Portable Space Heaters</p> <p><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</p> <p><input checked="" type="checkbox"/> 70. Rugs Secure</p> <p><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</p> <p><input checked="" type="checkbox"/> 72. Working Phone on Each Level</p> <p><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</p> <p><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</p> <p><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</p> <p><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</p> <p><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</p> <p><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan <u>(N)</u></p> <p><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level <u>(Y/N)</u></p> <p><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</p> <p><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</p> <p><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</p> <p><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible <u>(Y/N)</u></p> <p><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</p> <p><u>Outdoor Space</u></p> <p><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</p> <p><input checked="" type="checkbox"/> 89. Playground Free from Hazards</p> <p><input checked="" type="checkbox"/> 90. Peeling Paint <u>(Y/N)</u> Sample Taken <u>(Y/N)</u></p> <p><input checked="" type="checkbox"/> 91. Lead Management Plan <u>(Y/N)</u></p> <p><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</p> <p><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</p> <p><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</p> <p><u>Educational Requirements 19a-79-8a</u></p> <p><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</p> <p><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> <p><u>Administration of Medications 19a-79-9a</u> <u>no child enrolled</u></p> <p><input checked="" type="checkbox"/> 97. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 98. Training Outline on file</p> <p><u>Nonprescription Topical Medications</u></p> <p><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 100. Labeling/Storage</p> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <p><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</p> <p><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 103. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</p> <p><u>Self-Administration</u></p> <p><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 106. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</p> <p><u>Emergency Distribution of Potassium Iodide</u></p> <p><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</p>		<p><u>Under Three Endorsement 19a-79-10</u></p> <p><input checked="" type="checkbox"/> 109. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</p> <p><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</p> <p><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</p> <p><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</p> <p><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</p> <p><input checked="" type="checkbox"/> 115. Washable Cots</p> <p><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</p> <p><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</p> <p><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</p> <p><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</p> <p><input checked="" type="checkbox"/> 120. Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</p> <p><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</p> <p><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</p> <p><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</p> <p><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document <u>Y/N</u></p> <p><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</p> <p><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</p> <p><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</p> <p><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</p> <p><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</p> <p><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</p> <p><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</p> <p><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</p> <p><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</p> <p><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</p> <p><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</p> <p><u>Outdoor Play Space-Under Three:</u></p> <p><input checked="" type="checkbox"/> 141. Play Space Fenced</p> <p><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <p><input checked="" type="checkbox"/> 143. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 144. Activity choices appropriate</p> <p><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</p> <p><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</p> <p><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</p> <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <p><input checked="" type="checkbox"/> 148. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</p> <p><input checked="" type="checkbox"/> 150. Staff Awake/Available</p> <p><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</p> <p><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</p> <p><u>Monitoring of Diabetes 19a-79-13</u> <u>no child enrolled</u></p> <p><input checked="" type="checkbox"/> 154. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</p> <p><input checked="" type="checkbox"/> 156. Training Current/Documented</p> <p><input checked="" type="checkbox"/> 157. Supervision of Self Administration</p> <p><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</p> <p><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</p> <p><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</p> <p><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</p> <p><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</p>	
Signature of OEC Representative <u>Krisni Morgan</u>		Written Corrective Action Plan Due to OEC by: <u>7/6/22</u>	Signature of Person in Charge <u>Suzy Almeida</u>
Print Name: <u>Krisni Morgan</u>		Print Name: <u>Suzy Almeida</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right Place License # 15173 Date: 6/22/22

Observations/Corrections needed:

37- observed 1 child's physical indicate the risk for TB  
but no documentation of a negative TB test; 1 child's  
TB test results not listed.

45- observed fall shelf not secured in Par classroom;  
observed screen in dis repair in same classroom.-

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: [Signature]  
(OEC Representative)

Print Name: Kristi Mazar

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 7/6/22

Print Name: Suzy Almeida