

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Team Shelton</u>	License Number: <u>70247</u>	Date of Inspection: <u>9/26/22</u>	Time of Arrival: <u>12:00</u>
Address: <u>54 Grove St</u>	Expiration Date: <u>7/31/23</u>	Licensed Capacity: <u>19</u>	Under 3 Capacity: <u>0</u>
Town: <u>Shelton</u>	Telephone: <u>(203)734-8609</u>	# of children present: <u>14</u>	# of staff present: <u>2</u>
Operator: <u>TEAM inc</u>	Director: <u>Jamie Peterson</u>		
Email: <u>petersone@teaminc.org</u>	Head Teacher: <u>Melene Dmytenko</u>		
Hours of Operation: <u>7:15-5:15</u>	Summer Care: <u>Open</u>		
Ages Served: <u>3 to 5 yrs</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)			

- License Procedures 19a-79-2a**
- 1. Local Health Date: 4/29/22
- 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: 9/21/21
  - 10. OEC Complaint Procedure
  - 11. Food Service Certificate Date: 12/31/22
  - 12. Menus
  - 13. Emergency Plans
  - 14. No Smoking Signs
  - 15. Radon Test (Y/N) Date: 4/23/19 Results: 1-9
  - 15a. Developmental Milestones
- Staffing 19a-79-4a**
- 16. Staff Health Records/TB Tests
  - 17. Professional Development
  - 18. Disciplinary Actions
  - 18b. Background Checks
  - 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
- 27. Logs/Visits Documented
  - 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 JF
  - 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: 2/17/2009 4/4/22 JF  
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>Jamie Fortin</u>	Written Corrective Action Plan Due to OEC by: <u>10/10/22</u>	Signature of Person in Charge: <u>Rose Richi</u>
Print name: <u>Jamie Fortin</u>		Print name: <u>Rose Richi</u>

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Team Shelton</u>	License Number: <u>702 47</u>	Date of Inspection: <u>9/26/22</u>
<u>Physical Plant continued:</u> <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 <u>Outdoor Space</u> <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"/> 91. Lead Management Plan (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 <u>Educational Requirements 19a-79-8a</u> <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 <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <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 <u>Self-Administration</u> <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 <u>Emergency Distribution of Potassium Iodide</u> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage	<u>Under Three Endorsement 19a-79-10</u> <input checked="" type="checkbox"/> 109. Approved Endorsement <u>JF</u> <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/2" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> <input checked="" type="checkbox"/> 141. Play Space Fenced <u>nla</u> <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <u>nla</u> <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <u>nla</u> <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> <u>nla</u> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <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	
Signature of OEC Representative <u>Jamie Fortin</u> Print Name: <u>Jamie Fortin</u>	Written Corrective Action Plan Due to OEC by: <u>10/10/22</u>	Signature of Person in Charge <u>Rose Richi</u> Print Name: <u>Rose Richi</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Team Shelton License # 70247 Date: 9/26/22

Observations/Corrections needed:

- (26) Social Service Agreement not current
- (27) Quarterly Health Consultant visits not observed
- (102) 1 child's medication form not current.
- (109) 2 children enrolled without signed Agreement to be enrolled in 3 year Old class but between 2.8 and 3.
- (101) No documentation of staff <sup>currently</sup> trained in injectable medication

Discussed: Developmental milestones posted; Update 1 Case Plan

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:

Jaime Fortin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/10/22

Signature:

[Signature]  
(Person in Charge)