

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: <u>Schoolmates</u>	License Number: <u>70285</u>	Date of Inspection: <u>10/17/22</u>	Time of Arrival: <u>10:50</u>
Address: <u>253 Bushy Hill Rd</u>	Expiration Date: <u>2/29/24</u>	Licensed Capacity: <u>42</u>	Under 3 Capacity: <u>0</u>
Town: <u>Deep River 06417</u>	Telephone: <u>203-860-767</u>	# of children present: <u>25</u>	# of staff present: <u>5+</u>
Operator: <u>Schoolmates, LLC</u>	Director: <u>Lori Connor</u>	Head Teacher: <u>Lori Connor</u>	
Email: <u>Schoolmatespreschool2</u>	Summer Care: <u>Closed</u>		
Hours of Operation: <u>8:30am - 2:30pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>3yrs - 5yrs</u>			
Endorsements: ☐ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☐ School Age (5y & up) ☐ Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

☒ 1. Local Health Date: 9/19/21

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: 9/13/22
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: —
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 3/22/10 Results: 1.6
- ☒ 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	☒	☒
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
- ☒ 49. Lead Water Test Date: 1/25/22
Bacterial/Chemical Test (Y/N) Date: 8/5/21
- ☒ 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: 10/21/22

Signature of Person in Charge:

Print name:

Fil Montanye

Print name:

Amy L. Dyer

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Schoolmates</u>		License Number: <u>70285</u>	Date of Inspection: <u>10/7/22</u>
<u>Physical Plant continued:</u> ☒ 67. Water Temperature 60°-115° ☒ 68. Portable Space Heaters ☒ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair ☒ 70. Rugs Secure ☒ 71. Hot Water/Steam Pipes Protected ☒ 72. Working Phone on Each Level ☒ 73. Emergency Numbers Posted ☒ 74. Adequate Lighting: 50/30 Candle Feet ☒ 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) ☒ 80. Operable CO Detector on Each Level (Y/N) ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 82. Equipment: Good Repair/Safe/Non-toxic ☒ 83. Cots Stored/Maintained/Adequate Number ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) ☒ 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child ☒ 88. Impact Absorbing Material under Equipment ☒ 89. Playground Free from Hazards ☒ 90. Peeling Paint (Y/N) Sample Taken (Y/N) ☒ 91. Lead Management Plan (Y/N) ☒ 92. Equipment Anchored/Safely Arranged ☒ 93. Outdoor Play Area Protected/Fenced ☒ 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> ☒ 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 <u>Administration of Medications 19a-79-9a</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> ☒ 108. KI Pills Parent Permission/Storage		<u>Under Three Endorsement 19a-79-10</u> ☒ 109. Approved Endorsement ☒ 110. Ratio: 1 Staff to 4 Children ☒ 111. Group Size no Larger than 8 ☒ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) ☒ 113. Adequate Sinks in Program Space ☒ 114. Free Standing/Well-Constructed/Safe Cribs ☒ 115. Washable Cots ☒ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray ☒ 117. Dev. Appropriate Tables/Chairs/Equipment ☒ 118. Refrigerators and Food Prep Facilities ☒ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use ☒ 120. Washed/Disinfected ☒ 121. Disposable Paper Sheets ☒ 122. Covered Waste Receptacle ☒ 123. Diaper Changing Policy Posted ☒ 124. Hand Washing Policy Posted ☒ 125. Individual Storage of Personal Items ☒ 126. Cribs/Cots Washed/Disinfected ☒ 127. Under 12 Months Placed on Back for Sleeping ☒ 128. Alternate Sleep Position/Equip-Medical Document Y/N ☒ 129. Crib/Bed Used for Infant Sleeping ☒ 130. Crib/Bed Free from Observable Hazards ☒ 131. Infant Toys Separate/Washed/Disinfected Daily ☒ 132. No Toys/Objects Less than 1 1/2" Diameter ☒ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible ☒ 134. Health Consultant/Documentation of Visits ☒ 135. Infants Held for Bottles/Individual Attn/Tummy Time ☒ 136. Written Statement/Feeding Schedule from Parent ☒ 137. Unused Portions of Liquids Discarded ☒ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing ☒ 139. Food Served from Dish or Whole Jar Served ☒ 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> ☒ 141. Play Space Fenced ☒ 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> ☒ 148. Approved Endorsement ☒ 149. Written Program Plan/Supervision ☒ 150. Staff Awake/Available ☒ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel ☒ 152. Individual Storage of Personal Items ☒ 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> ☒ 154. Written Policies/Procedures ☒ 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 <u>Fil Montanye</u>		Written Corrective Action Plan Due to OEC by: <u>10/21/22</u>	Signature of Person in Charge <u>Amy L. Dyer</u>
Print Name: <u>Fil Montanye</u>		Print Name: <u>Amy L. Dyer</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Schoolmates License # 70285 Date: 10/7/22

Observations/Corrections needed:

- #186 observed 1 staff currently working with children without a current background check
- #25 observed incomplete first Aid certificates (missing supplemental certificates) for all staff
- #27 current logs for education, social service and dental
consultants not observed for ^{education} program plans and policies, plans + procedures
- #44 observed incomplete first Aid kit (missing current manual - 2016)
- #102 ~~observed~~ ⁱⁿ two medication administration orders not observed for child with emergency medication. (child not on site today)

Discussion

- statement for immediate correction for staff without current background check

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: Fil MontanysPrint Name: Fil Montanys

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Amy L. DyerOEC BY: 10/21/22Print Name: Amy L. Dyer