

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Capital Community College Laboratory	License Number: 15860	Date of Inspection: 10/24/22	Time of Arrival: 9:40
Address: 950 Main Street	Expiration Date: 3/31/25	Licensed Capacity: 20	Under 3 Capacity: 0
Town: Hartford, CT 06103	Telephone: 860-906-5138	# of children present: 8	# of staff present: 2
Operator: Capital Community College	Director: Suzanne Rocco-Foertsch	Head Teacher: Suzanne Rocco-Foertsch	
Email: sroccofoertsch@ccc.commnet.edu	Summer Care: Closed		
Hours of Operation: 7:45-4:30	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: 3-5 years	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: 9/21/22
- 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: 10/6/22
 - 10. OEC Complaint Procedure
 - 11. Food Service Certificate Date: 8/9/22
 - 12. Menus
 - 13. Emergency Plans
 - 14. No Smoking Signs
 - 15. Radon Test (Y/N) Date: 1/27/03 Results: 0.2 pCi/L
 - 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
Water Supply: Public Well
 - 49. Lead Water Test Date: 10/10/22
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: [Signature] Written Corrective Action Plan Due to OEC by: 11/7/22 Signature of Person in Charge: [Signature]

Print name: Johanne Dalo Print name: Suzanne Rocco-Foertsch

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- Physical Plant continued:**
- 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

- Outdoor Space**
- 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

- Educational Requirements 19a-79-8a**
- 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

- Administration of Medications 19a-79-9a**
- 97. Written Policies/Procedures
 - 98. Training Outline on file
- Nonprescription Topical Medications**
- 99. Administration/Parent Permission/MAR
 - 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications**
- 101. Med Trained Staff/Certificates
 - 102. Authorized Prescriber/Parent Permission/MAR
 - 103. Labeling/Storage
 - 104. Unused/Expired Meds Returned/Disposed
- Self-Administration**
- 105. Authorized Prescriber/Parent Permission/MAR
 - 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

- Emergency Distribution of Potassium Iodide**
- 108. KI Pills Parent Permission/Storage

Signature of OEC Representative

Written Corrective Action Plan
 Due to OEC by:
11/7/22

Signature of Person in Charge

Print Name: _____

Print Name: Suzanne Rocco-Foertsch

- Under Three Endorsement 19a-79-10**
- 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 1/4" 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

- Outdoor Play Space-Under Three:**
- 141. Play Space Fenced
 - 142. Outdoor Equipment: Dev. Appropriate

- School Age Children Endorsement 19a-79-11**
- 143. Approved Endorsement
 - 144. Activity choices appropriate
 - 145. Ratio: 1 Staff to 10 Children
 - 146. Group Size: Max. 20 Children
 - 147. Education Consultant Appropriate

- Night Care Endorsement 19a-79-12 (10pm-5am)**
- 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

- Monitoring of Diabetes 19a-79-13 No children enrolled**
- 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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Capital Community College Laboratory License # 15860 Date: 10/24/22

Observations/Corrections needed:

#45 Observed 2 small cabinets not secured (classroom & gross motor room)

Outdoor Space (items 87 to 94) was not inspected due to playground construction. Outdoor space will be inspected at a later date.

Discussion:

-1 child without documentation of behavior management techniques discussed with parent.

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)

Signature: [Signature]
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/7/22