

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>St Mark's Day Care</u>	License Number: <u>14048</u>	Date of Inspection: <u>11-3-22</u>	Time of Arrival: <u>9:20am</u>
Address: <u>368 Newfield Ave #70</u>	Expiration Date: <u>1-31-26</u>	Licensed Capacity: <u>198</u>	Under 3 Capacity: <u>48</u>
Town: <u>Bridgeport</u>	Telephone: <u>203-335-3828</u>	# of children present: <u>44</u>	# of staff present: <u>11</u>
Operator: <u>St Mark's Day Care Center Inc</u>	Director: <u>Denise Clemons</u>	Head Teacher: <u>Juanita Perry</u>	
Email: <u>Denise.Clemons@smdcc.org</u>	Summer Care: <u>open</u>	Hours of Operation: <u>m-f</u>	
Ages Served: <u>6 weeks - 12 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
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: 1-28-22

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: 11-12-21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 1-28-22
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 12/08 Results: 0.4
- 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 type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" 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: 3-26-21
Bacterial/Chemical Test (Y/N) Date: NA
- 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: Cathy Anderson
Print name: Cathy Anderson

Written Corrective Action Plan Due to OEC by: 11-17-22

Signature of Person in Charge: Denise L. Clemons

Print name: Denise L. Clemons

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:

St. Mark's Day Care

License Number:

14098

Date of

Inspection: *11-3-22*

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

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

- 154. Written Policies/Procedures *enrolled*
- 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

Cathy Anderson
W. Mangum

Written Corrective Action Plan

Due to OEC by: *11-17-22*

Signature of Person in Charge

D. Clemons

Print Name: *Cathy Anderson*

Print Name: *Denise L. Clemons*

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Maru's Day Care License # 14048 Date: 11-3-22

Observations/Corrections needed:

Observed:

- #4 - 2 out of 10 Child files without documentation of behavior Policy
- #18b - 2 Staff without OEC Complete background Checks and Working With Children
- 19a-79-3a (a) - 1 Staff Working with children and not entered in the BCLS
- #27 - Health and Dental Consultants did not document their annual reviews.
- #38 - 3 Care Plans not signed by all staff responsible for child
- #37 - 3 out of 10 Child health records expired.
- #45 - rugs on bottom of cubbys throughout are frayed
- Todd 1 - Cabinet drawer is broken and rough
- Todd A - fan down low at child's level
- Todd B - room is being used for storage (fans, lots of garbage bags full and furniture stored)
- Schoolage - 3 large garbage bags full with trash on ground, Coat hanger leaning and not secured, edge of table broke; Ceiling vent dusty, microwave unclean and a protruding nail on wall.
- PS B - Cubby on base is broke and rough to the touch
- Electrical cords are not secured throughout and may cause a tripping hazard
- #76 - Shower Closet - unlocked with bleach and Fabuloso on floor
- Todd C - Clorox wipes stored unlocked under changing table

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: Cathy Anders
(OEC Representative) Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 11-17-22

18b and 19a-79-3a (a) - needed 11-3-22

Post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Mark's Day Care License # 14048 Date: 11-30-22

Observations/Corrections needed:

- Schoolage - Unlocked in a low file cabinet 2 microban and 1 disinfectant spray and shelf under microwave 3 microban sprays, Billo and Ajax unlocked
- #69 - 8 Ceiling tiles stained
- #103 - 1 Pro-air without an prescription label

Discussed

- "CYU Provider - "Emergency plan does not have all federal requirements. Program will develop/revise its emergency plan to meet requirements."
- 1 out of 10 Staff missing documentation of TB test
- 1 out of 10 Staff missing documentation of annual Policy training
- Todd 2 - 1 toy and cup in handwashing sink
- Todd C - 2 outlets on Powerstrip not secured
- 1 medication form has parent section not complete.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: 11-17-22