

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: Patchwork Schoolhouse	License Number: pending	Date of Inspection: 11/3/22	Time of Arrival: 10:20
Address: 318 Salmon Brook St.	Expiration Date: N/A	Licensed Capacity: P	Under 3 Capacity: P
Town: Granby	Telephone: 860-653-5137	# of children present: 25	# of staff present: 6
Operator: Noah's Patchwork LLC	Director: Noah St. Pierre	Head Teacher: Nicole Goldschmidt	
Email: patchkids2000@yahoo.com	Summer Care: Open		
Hours of Operation: 6:30-5:30 M-F	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: 1 yr - 12 yrs	☒ School Age (5y & up) ☐ Night Care (6wks & up)		
Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y)			

Licensure Procedures 19a-79-2a

☒ 1. Local Health Date: 10/19/22

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: 3/23/22
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: N/A
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 1/13/95 Results: .25
- ☒ 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: 10/12/22 4/20/22
Bacterial/Chemical Test (Y/N) Date: 4/20/22
- ☒ 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:

Linda Maylan

Written Corrective Action Plan Due to OEC by:

prior to licensure

Signature of Person in Charge:

Noah St. Pierre

Print name: Linda Maylan

Print name: Noah St. Pierre

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Network Schoolhouse</u>		License Number: <u>Pending</u>	Date of Inspection: <u>11/3/22</u>
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 <u>none</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>Andrea Maykan</u> <u>Andrea Maykan</u>		Written Corrective Action Plan Due to OEC by: <u>prior to licensure</u>	Signature of Person in Charge: <u>Noah St. Pierre</u> Print Name: <u>Noah St. Pierre</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Patchwork School License # pending Date: 11/3/22
house

Observations/Corrections needed:

Preschool Room #1 1 sink

$$+15 \times 16.8 + 29.3 \times 25.5 + 6.4 \times 15.5 = 1,098.35$$

$$(252) \quad (747.15) \quad (97.2) \quad -29.9$$

$$-2.3 \times 3 + 2.9 \times 2 + 2 \times 4 + 4 \times 1.3 = 1068.45 \div 35 = 30 \text{ (20)}$$

$$(-6.9) \quad (-5.8) \quad (-12) \quad (-5.2)$$

Storage food prep (sign in storage)

* 2's Room #2 2 sinks

$$23 \times 15.5 = 356.5 \quad 265.6$$

$$-2.7 \times 2.8 + 11.9 \times 5 + 2.1 \times 2.1 = -71.47$$

$$(-7.56) \quad (-59.5) \quad (-4.47) \quad 285.03 \div 35 =$$

fridge walls cabinet 8.14 (8)

* 1's Room #3 1 sink

$$14 \times 9.9 \times 13.5 + 2.4 \times 2.0 + 20.6 \times 13.5 = 282.90 \div 35 =$$

$$14 \times (268.65) \quad (4.8) \quad (278.10) \quad 8.08 \text{ (8)}$$

handwash

#81 - large white cabinet must be removed so there are no deductions.

BA / Firefly #4 $29.6 \times 13.5 = 399.6 \div 35 = 11.41$

① capacity with two staff present, 2 sinks

* 7 sink total.

* Observed staff bathroom + with 3 toilets.

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: Linda Moylan

(OEC Representative)

Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

(Person in Charge)

OEC BY: prior to licensure

Noah St. Pierre

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Patchwork School License # pending Date: 11/3/23
house

Observations/Corrections needed:

#16 - Not all policies contain all requirements.

All items checked were either observed or
discussed.

Total Capacity 47, Under 3 capacity 16
Room #4 Must have 2 staff if 11
children in the room.

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:

Linda Maylan
(OEC Representative)

Linda Maylan

Signature:

Noah St. Pierre
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure