

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: <u>Children's House of Montessori</u>	License Number: <u>15955</u>	Date of Inspection: <u>11-16-22</u>	Time of Arrival: <u>8:45am</u>
Address: <u>1666 Litchfield T.PKE</u>	Expiration Date: <u>9-30-24</u>	Licensed Capacity: <u>76</u>	Under 3 Capacity: <u>16</u>
Town: <u>Woodbridge</u>	Telephone: <u>203-415-5140</u>	# of children present: <u>18</u>	# of staff present: <u>5</u>
Operator: <u>The Children's House of Montessori INC</u>	Director: <u>Carolyn Chapman</u>		
Email: <u>childrens-house@att.net</u>	Head Teacher: <u>Shazia Lodi</u>		
Hours of Operation: <u>M-F 845-2:45</u>	Summer Care: <u>June-July</u>		
Ages Served: <u>1 Year - 6 Years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
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: 9-10-21

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: 9-4-22
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: NA
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: 2-23-00 Results: 1.1
- ☒ 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	<u>NA</u>	<u>NA</u>

- ☒ 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: 9-1-22
- 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:

D. Wassenhove

Written Corrective Action Plan Due to OEC by:

11-30-22

Signature of Person in Charge:

Carolyn Chapman

Print name: Dianna Wassenhove

Print name: Carolyn Chapman

Program Name:

License Number:

15455

Date of

Inspection: 11-16-22

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 ¼" 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 None at this time

- ☒ 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

Written Corrective Action Plan

Due to OEC by:

Signature of Person in Charge

11-30-22

Garrett Chapman

Print Name: D. Anna Wessenhore

Print Name: Carolyn Chapman

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of montessori License # 15455 Date: 11-16-22Observations/Corrections needed:

- #2- Observed four out of five staff with no documentation of new employee orientation
- #3- Observed all five staff with no documentation of annual training
- #7- Observed child sign in/out with only who dropped off/picked up. No times, Staff not documenting times of arrival/departure.
- #15a- No developmental milestones posted.
- #16 - Observed one staff with no physical on site, two staff files with not documentation of TB test results.
- #17- Observed five staff files with no current professional development.
- #26 - Observed expired contracts for education and health consultants
- #27- Observed no bgs for education consultant and 6/17/22 last document of weekly health consultant visits.
- #38- Observed one medication care plan not signed by staff
- #76- Observed Lysol wipes unlocked in meal room for children.
- #101- No staff currently certified in Epi-pen administration when there is a child enrolled and present with an Epi-pen.

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: D. Wassenhove
(OEC Representative)Print Name: Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Carolyn Chapman
(Person in Charge)OEC BY: 11-30-22Print Name: Carolyn Chapman