

INITIAL UNANNOUNCED PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Carelot Children's Center - Clubhouse @N</u>	License Number: <u>16834</u>	Date of Inspection: <u>11/5/22</u> Time of Arrival: <u>3pm</u>
Address: <u>165 Great Neck Rd</u>	Expiration Date: <u>10-31-26</u>	Licensed Capacity: <u>57</u>
Town: <u>Waterford</u>	Telephone: <u>860367 2308</u>	# of children present: <u>20</u> # of staff present: <u>3</u>
Operator: <u>Carelot Children's Center INC</u>	Director: <u>Heather Hunter Cable</u>	Head Teacher: <u>Cissy Doucette</u>
Email: <u>clubhouse@carelot.net</u>	Summer Care: <u>Closed</u>	
Hours of Operation: <u>Mon-Fri 3pm-6pm</u>		
Ages Served: <u>3 years - 12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	

Licensure Procedures 19a-79-2a
 1. Local Health Inspection Date: 10/21/21

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/Sta

Items Posted: Conspicuous/Accessible
 8. License
 9. Current Fire Marshal Certificate Date: 8/31/22
 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: 2/7/11 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
 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 checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

Swimming: (Y/N)
 28. Non-Swimmers Identified
 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 (Y/N) Date: n/a
Bacterial/Chemical Test (Y/N) Date: n/a
 50. Walkways Maintained
 51. Designated Staff Toilet/Sink
 53. Windows Protected to Prevent Falls
 55. Overhead Doors Locking Devices/ Spring Protectors
 56. Exits/Hallways and Stairs Unobstructed
 58. Smoking Prohibited
 59. Matches/Lighters Inaccessible
 61. Toileting Needs Met
 62. Required Toilets/Sinks/Supplies
 64. Hand Washing After Toileting: Staff/Children
 65. Ventilation in Toilet Room
 66. Air Temperature Comfortable
 68. Portable Space Heaters
 69. Building/Equipment: Sanitary/Hazard Free
 71. Hot Water/Steam Pipes Protected
 72. Working Phone on Each Level

Signature of OEC Representative: <u>Cms Deloreto</u> Print Name: <u>Carolynne Deloreto</u>	Written Corrective Action Plan Due to OEC by: <u>n/a</u>	Signature of Person in Charge: <u>[Signature]</u> Print Name: <u>Lorraine Lee</u>
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SCHOOL AGE ONLY INSPECTION FORM

Program Name: <i>Carelot Children's Center</i>	License Number: <i>16834</i>	Date of Inspection: <i>1-15-22</i>
Physical Plant continued: <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise Outdoor Space <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible Educational Requirements 19a-79-8a <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file Nonprescription Topical Medications <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed Self-Administration <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization Emergency Distribution of Potassium Iodide <input checked="" type="checkbox"/> 108. KI Pill Parent Permission/Storage	School Age Children Endorsement 19a-79-11 <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate Monitoring of Diabetes 19a-79-13 <i>none</i> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	

Signature of OEC Representative <i>Carlyne Delorto</i>	Written Corrective Action Plan Due to OEC by: <i>n/a</i>	Signature of Person in Charge
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Print Name: *Carlyne Delorto* Print Name: *Lorraine*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carelot Children's Center - Clubhouse GN License # 16834 Date: 1/15-22

Observations/Corrections needed:

There were no violations cited.

#38 was signed electronically by 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: *C. Deloreto*
(OEC Representative)

Print Name: Carynne Deloreto

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *[Signature]*
(Person in Charge)

OEC BY: n/a

Print Name: Lorraine Lee