

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>The Little Schoolhouse</u>	License Number: <u>116475</u>	Date of Inspection: <u>10/15/2022</u>	Time of Arrival: <u>9AM</u>
Address: <u>1440 Whalley Ave Ste 5</u>	Expiration Date: <u>10/31/2025</u>	Licensed Capacity: <u>30</u>	Under 3 Capacity: <u>10</u>
Town: <u>New Haven, CT 06515-1145</u>	Telephone: <u>203-389-6372</u>	# of children present: <u>17</u>	# of staff present: <u>6</u>
Operator: <u>The Little Schoolhouse LLC</u>	Director: <u>Mimi Bryant</u>	Head Teacher: <u>Sara Adje / Mimi Bryant</u>	
Email: <u>mimi.the.littleschoolhouse@yahoo.com</u>	Summer Care: <u>Open</u>	Hours of Operation: <u>7:30 AM - 5:30 PM Monday-Friday</u>	
Ages Served: <u>Lowceles-5 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: 10/12/2021

**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: 7/20/2022  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: \_\_\_\_\_  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: 12/2/2015 Results: .3  
 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"/>	<u>over light</u>
Health	<input checked="" type="checkbox"/>	<u>over light</u>
Social Service	<input checked="" type="checkbox"/>	<u>over light</u>
Dental	<input checked="" type="checkbox"/>	<u>over light</u>
Dietitian	<input checked="" type="checkbox"/>	<u>over light</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: 3/2/2022  
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: <u>[Signature]</u>	Written Corrective Action Plan Due to OEC by: <u>10/19/2022</u>	Signature of Person in Charge: <u>[Signature]</u>
Print name: <u>BADGET L HERRIN</u>		Print name: <u>Mimi Bryant</u>

### CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <span style="font-size: 1.2em; color: blue;">The Little Schoolhouse</span>		<b>License Number:</b> <span style="font-size: 1.2em; color: blue;">16475</span>	<b>Date of Inspection:</b> <span style="color: blue;">10/5/2022</span>
<b>Physical Plant continued:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul>		<b>Under Three Endorsement 19a-79-10</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul>	
<b>Outdoor Space</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul>		<b>Outdoor Play Space-Under Three:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul>	
<b>Educational Requirements 19a-79-8a</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul>		<b>School Age Children Endorsement 19a-79-11</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul>	
<b>Administration of Medications 19a-79-9a</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul>		<b>Night Care Endorsement 19a-79-12 (10pm-5am)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 148. Approved Endorsement</li> <li><input type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input type="checkbox"/> 150. Staff Awake/Available</li> <li><input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul>	
<b>Nonprescription Topical Medications</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul>		<b>Monitoring of Diabetes 19a-79-13 <span style="color: blue;">None enrolled</span></b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<b>Oral/Topical/Inhalant/Injectable Medications</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul>		<b>Self-Administration</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul>	
<b>Emergency Distribution of Potassium Iodide</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> <li><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</li> </ul>			

Signature of OEC Representative  
  
 Print Name: Budget L. McCreary

Written Corrective Action Plan  
 Due to OEC by:  
10/19/2022

Signature of Person in Charge  
  
 Print Name: Mimi Bryant

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Little Schoolhouse License # 16475 Date: 10/5/2022

Observations/Corrections needed:

- #16- observed 1 staff physical to be expired
- #19- observed no documentation of approved head teacher 60% of operating hours
- #27- observed annual review/log for all consultants to be more than 1 year old
- #38- observed 1 individual care plan not signed by parent
- #88- observed less than 8 inch of shock absorbing material under yellow climber/tunnel
- #103- observed no prescription label on 1 Atbacrot (Bm)

Discussed- staff bathroom vent is dusty + 2.8-2.11 month authorization for preschool enrollment

\*C4K provider- Reviewed sample emergency plan

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)  
BENGETL-HERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Mimi Bryant  
(Person in Charge)

OEC BY: 10/19/2022