Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: Comm. Org. & Oper. Latch Key	License Number: 13086	Date of Inspection: 11/29/22 Time of Arrival: 2:50
Address: 35 School Rd. - COOL	Expiration Date: 2/28/26	Licensed Capacity: 40 Under 3 Capacity: 0
Town: Andover	Telephone: 860-899-8823	# of children present: 20 # of staff present: 3
Operator: Comm. Org. & Oper. Lk Cool Brd.	Director: Amy Knox	
Email: cookes35@gmail.com	Head Teacher: Amy Knox	
Hours of Operation: M-F 7-8:30 & 3-6	Summer Care: Closed	
Ages Served: 3-12 yrs.	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: _____

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:_____
- ☐ 10. OEC Complaint Procedure
- ☐ 11. Food Service Certificate Date:_____
- ☐ 12. Menus
- ☐ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 12/14/21 Results: 2.4
- ☐ 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	✓	✓
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
  Water Supply: Public/Well
- ☐ 49. Lead Water Test Date:_____
  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: Linda Moylan	Written Corrective Action Plan Due to OEC by: 12/2/22	Signature of Person in Charge: Amy L. Knox
Print name: Linda Moylan		Print name: Amy L. Knox

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Comm. Org & Oper. Latchkey - COOL

License Number: 130816

Date of Inspection: 11/29/22

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 N/A

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 _____

- ☐ 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	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Linda Maykut	~~11/29~~ LH 12/13/22 LH	
Print Name: Linda Maykut		Print Name: Amy R. Bosop

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Comm. Org. & Oper. Latch Key License # 13086 Date: 11/1/22

Observations/Corrections needed:

Follow up to 11/15/22 inspection. All items left blank were previously marked/inspected.

6- Not all policies available and/or include all required elements.

16- Two staff files observed without TB test results.

17- Professional development not documented.

25- No current staff with current first aid training.

32- Enrollment dates of children not available/documented.

36- Emergency transportation not documented with parental permission.

40- Snack did not include two food groups.

44- First aid kits not complete.

49- Water test results not available.

60- Fan cord dangling.

97- Administration of medication policy not available.

98- Training outline not available.

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 OEC BY: 12/12/22

Signature: Amy L. Bragg
(Person in Charge)