

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Glenville Child Care</u>	License Number: <u>16770</u>	Date of Inspection: <u>12-22-22</u> Time of Arrival: <u>7:30am</u>
Address: <u>33 Rivesville Rd</u>	Expiration Date: <u>11-30-25</u>	Licensed Capacity: <u>99</u>
Town: <u>Greenwich</u>	Telephone: <u>203-531-4278</u>	# of children present: <u>17</u> # of staff present: <u>3</u>
Operator: <u>Glenville Child Care Inc</u>	Director: <u>Louise Principe</u>	
Email: <u>glenvillechildcareinc@gmail.com</u>	Head Teacher: <u>Louise Principe</u>	
Hours of Operation: <u>M-F 7:30-9:30am 3:10-6:00pm</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>5-11 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: 3-1-21

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: 9-2-22
 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: _____ Results: _____
 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	✓	✓
Health	✓	✓
Social Service	0	0
Dental	✓	0
Dietitian	NA	NA

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: _____
Bacterial/Chemical Test (Y/N) Date: _____
 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>Cathy Anderson</u> Print Name: <u>Cathy Anderson</u>	Written Corrective Action Plan Due to OEC by: <u>12-22-22</u>	Signature of Person in Charge: <u>Louise Principe</u> Print Name: <u>Louise Principe</u>
--	--	--

SCHOOL AGE ONLY INSPECTION FORM

Program Name:

Glenville Child Care

License Number:

16770

Date of

Inspection: 12-6-22

Physical Plant continued:

- 73. Emergency Numbers Posted
- 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
- 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 of Hazards
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Playground Protected
- 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

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

Monitoring of Diabetes 19a-79-13

Discussed no child

- 154. Written Policies/Procedures *enrolled*
- 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

Cathy Andrus

Written Corrective Action Plan

Due to OEC by: 12-20-22

Signature of Person in Charge

Louise M. Principe

Print Name: Cathy Andrus

Print Name: Louise Principe

Post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Glennville Child care License # 16770 Date: 12-6-22

Observations/Corrections needed:

Observed

26 - Social Service agreement is expired

27 - no annual reviews documented on logs for Social Service and Dental Consultants

#37 - 2 out of 10 Child health records do not have TB risk documented and 1 out of 10 with Chronic illness section not complete

#38 - 4 care Plans not signed by staff and 1 child with a chronic illness without a care plan.

#102 - 1 medication on a school form that is not complete and Medication without a medication form

19a-79.7a(b)(3) - Program is using the art room today which is not approved

Discussed

1 staff without a health form on site

1 Child file without documentation of behavior policy being discussed.

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: Cathy Ann
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Louise Principe
(Person in Charge)

OEC BY: 120022