

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Danbury Public School Readiness program 2</u>	License Number: <u>pending</u>	Date of Inspection: <u>12/7/22</u>	Time of Arrival: <u>10:00</u>
Address: <u>49 Osborne St.</u>	Expiration Date: <u>pending</u>	Licensed Capacity: <u>40</u>	Under 3 Capacity: <u>0</u>
Town: <u>Danbury, CT 06820</u>	Telephone: <u>860 203-830-6508</u>	# of children present: <u>34</u>	# of staff present: <u>56</u>
Operator: <u>Danbury Public Schools</u>	Director: <u>Ingrid Norfleet</u>	Head Teacher: <u>Gina Nunez</u>	
Email: <u>Norflie@danbury.k12.ct.us</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>M-F 7:00am - 5:00 pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>3-5 y.o.</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

Licensure Procedures 19a-79-2a

1. Local Health Date: 8/29/22

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: 8/25/22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11/14/22 Results: .9
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions - 1 r.h. 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"/>	<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

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: 8/19/22
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:

Kristin Morgan

Print name: Kristin Morgan

Written Corrective Action Plan Due to OEC by:

prior to licensure

Signature of Person in Charge:

Anne E. Mead

Print name: Anne E. Mead

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Danbury Public School Readiness Program</i></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <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 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"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <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 <p>Outdoor Space</p> <ul style="list-style-type: none"> <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 from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <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 <p>Self-Administration</p> <ul style="list-style-type: none"> <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 	<p>License Number: <i>pending</i></p> <p>Date of Inspection: <i>12/7/22</i></p> <p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <input type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 141. Play Space Fenced <input type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></p> <ul style="list-style-type: none"> <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
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Signature of OEC Representative

Kuomr

Written Corrective Action Plan
Due to OEC by:

prior to license

Signature of Person in Charge

Anne E Mead

Print Name:

Kristin Morgan

Print Name:

Anne E Mead

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dunbury Public School Reading_{ss} 2 License # Pending Date: 12/7/22

Observations/Corrections needed:

6 - Some policies incomplete - Checklist left as a reference.

13 - emergency plans incomplete

80 - CO detector built into fire system - no documentation observed.

* program operating under BOE exemption currently.

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:  Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: prior to license

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Danbury Public School License # Pending Date: 12/1/22
readiness program 2.

Observations/Corrections needed:

Classroom + playground measurements

Room 415 - $28.7 \times 25.7 - (13.7 \times 8.8) - (2.1 \times 12.2) - (3 \times 1.7) - (5.8 \times 5)$
 $= 798.43 \div 35 = 22.81$ OK 20

Room 421 - $28.8 \times 29.5 - (15.3 \times 2.1) - 2.9 \times 3.5 = 23.04$ OK 20

Room 425 - $31.5 \times 27.3 - (3.7 \times .4) + (3.9 \times 5.3) - (2.1 \times 12.1) - (3 \times 1.7)$
 $- (2.9 \times 3.5) = 837.74 \div 35 = 23.9$ OK 20

Playground - $57.7 \times 89 = 5117.50 \div 75 = 68.23$ OK 68

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

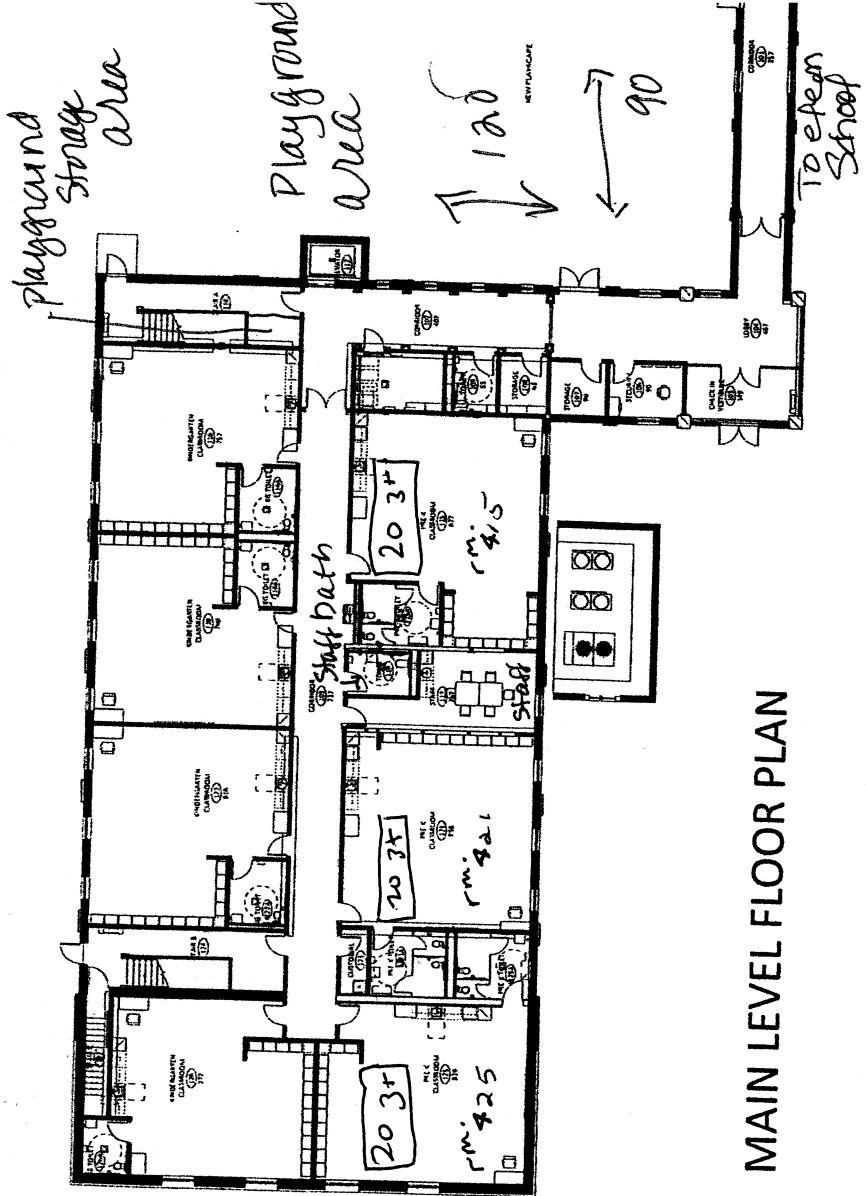
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Krisi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Daniel Head
(Person in Charge)

OEC BY: Prior to license



MAIN LEVEL FLOOR PLAN

(Storage is on upper floor)
 Directors office is on
 upper floor

Isolation area is in
 the nurses office
 in the main school.

3 Classrooms

Rm 125 is 26'4 by 27' + a small
 area of 7'6 by 6 feet

Rm 121 is 28' x 27'

Rm 125 28' by 26' minus 24 5/8 feet
 for a wall.



Connecticut Office of Early Childhood

SCHOOL READINESS PROGRAM SPACE CHANGE FORM

THIS FORM IS TO BE USED ONLY TO REQUEST SPACE CHANGES FOR PROGRAM SITES THAT ARE CURRENTLY APPROVED FOR SCHOOL READINESS FUNDING. PLEASE CONTACT A SCHOOL READINESS PROGRAM MANAGER FOR GUIDANCE REGARDING THE RELOCATION OF SPACES TO SITES THAT ARE NOT CURRENTLY APPROVED FOR FUNDING.

DISTRICT: DANBURY LIAISON: EGCOSTELLO DATE: 11/9/2022

TYPE OF CHANGE REQUESTED: (CHECK ALL THAT APPLY)

- CONVERT SCHOOL READINESS (SR) SPACES FROM ONE TYPE TO A DIFFERENT TYPE;
MOVE A PORTION OF THE SR SPACES CURRENTLY ALLOCATED TO A SR FUNDED SITE TO ANOTHER SR FUNDED SITE;
MOVE ALL THE SR SPACES ALLOCATED TO A SR FUNDED SITE TO ANOTHER SR FUNDED SITE;
RELINQUISH ALL OR A PORTION OF SR SPACES (RETURN SPACE AND FUNDING ALLOCATION TO OEC).

BRIEFLY DESCRIBE THE CHANGES REQUESTED AND PROVIDE A BRIEF JUSTIFICATION:

DANBURY PUBLIC SCHOOL READINESS PROGRAM 1 AT COTTAGE STREET WILL SERVE 29 FUNDED CHILDREN, WHILE DANBURY PUBLIC SCHOOL READINESS 2 AT OSBORNE ST WILL SERVE 56, AS PER SPACE REQUIREMENTS AT THE OSBORNE STREET LOCATION.

REQUESTED EFFECTIVE DATE: 11/14/2022

REQUESTS SUBMITTED BY THE THIRD FRIDAY OF THE MONTH WILL BE CONSIDERED FOR APPROVAL RETRO ACTIVE TO THE BEGINNING OF THE REPORTING PERIOD. REQUESTS SUBMITTED AFTER THE THIRD FRIDAY OF THE REPORTING PERIOD WILL BE CONSIDERED FOR APPROVAL FOR THE FOLLOWING REPORTING PERIOD.

DATE OF COUNCIL APPROVAL: 11/9/2022

NAME OF PROGRAM SITES IMPACTED BY THIS CHANGE:

- DANBURY PUBLIC SCHOOL READINESS PROGRAM 1
DANBURY PUBLIC SCHOOL READINESS PROGRAM 2
CLICK OR TAP HERE TO ENTER TEXT.
CLICK OR TAP HERE TO ENTER TEXT.
CLICK OR TAP HERE TO ENTER TEXT.
CLICK OR TAP HERE TO ENTER TEXT.

PROGRAM REQUIREMENTS:

- LIAISON ATTESTS THAT THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED AND REVIEWED FOR COMPLIANCE ON THE COUNCIL'S BEHALF AND WILL BE MAINTAINED AT LOCAL LEVEL:
COUNCIL APPROVAL
JUSTIFICATION FOR THE CHANGE REQUESTED
REVISED PROGRAM BUDGET (REQUIRED ONLY FOR CHANGES IN PROGRAM FUNDING ALLOCATION)
REVISED PROGRAM SPACE AND FUNDING GRID
REVISED PROGRAM CONTACT AND DATA (AS APPLICABLE)

COUNCIL/LIAISON REQUIREMENTS:

THE FOLLOWING DOCUMENTS HAVE BEEN SUBMITTED TO THE SR PROGRAM MANAGERS FOR REVIEW AND APPROVAL:

- COMPLETED SCHOOL READINESS PROGRAM CHANGE REQUEST FORM
UPDATED COMMUNITY BUDGET (REQUIRED ONLY FOR CHANGES IN DISTRICT FUNDING ALLOCATION)
REVISED COMMUNITY SPACE AND FUNDING GRID WITH ALL REQUESTED CHANGES HIGHLIGHTED.
REVISED COMMUNITY CONTACT AND DATA FORM (ONLY IF CHANGES ARE REQUIRED)

... OEC APPROVAL IS REQUIRED PRIOR TO THE IMPLEMENTATION OF ALL CHANGES.

OEC APPROVED DATE: CHERYL SPARKS 11/15/22. EFFECTIVE DATE: OCTOBER 31,2022.