

CHILD CARE CENTER/GROUP INSPECTION FORM

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

Program Name: Our Little Folks Corner	License Number: 70241	Date of Inspection: 1/23/23	Time of Arrival: 3:00
Address: 129 Stratton Brook Rd	Expiration Date: 7/31/23	Licensed Capacity: 55	Under 3 Capacity: 35
Town: Simsbury	Telephone: 860 658-2033	# of children present: 51	# of staff present: 11
Operator: Our Little Folks Corner LLC	Director: Emma Bird		
Email: littlefolkscornerllc@gmail.com	Head Teacher: Diane Button		
Hours of Operation: Mon-Fri 6:30am-6pm	Summer Care: open		
Ages Served: 6 weeks - 12 years	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: _____ 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
- ☐ 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:

Erin Waight

Written Corrective Action Plan Due to OEC by:

2/6/23

Signature of Person in Charge:

Emma Bird

Print name:

Erin Waight

Print name:

Emma Bird

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Our Little Folks Corner</u>		License Number: <u>70241</u>	Date of Inspection: <u>1/23/23</u>
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) ☒ 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		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 1/4" 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 <u>Erin Wraight</u>		Written Corrective Action Plan Due to OEC by: <u>2/6/23</u>	Signature of Person in Charge <u>E. B. R. D.</u>
Print Name: <u>Erin Wraight</u>		Print Name: <u>Emma B.R.D.</u>	

SUPPLEMENTAL REPORT OF INSPECTION

PAGE 3

Name of Program/Provider: Our Little Folks corner License # 70241 Date: 1/23/23

Observations/Corrections needed:

- 27. social service consultant Log not current
- 33. Emergency medical permission not observed for 1 child
- 102. parent signature missing on medication authorization form
- 38. observed child with asthma - physical states emergency medication needed at child care. Program sent medication home.
- 104. Auvie & expired 1/4/23

Discussed: 1 expired staff physical, staff policy training, move menu to entrance

* All staff present have current Background checks. Program will submit ticket for BCIS help and understands 1 staff cannot work until completed Background check.

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: E. B. Bird
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/6/23

Signature: E. B. Bird
(Person in Charge)