

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|--|--|-------------------------------------|--------------------------------|
| Program Name: <u>Children's Day School</u> | License Number: <u>16399</u> | Date of Inspection: <u>2-7-23</u> | Time of Arrival: <u>9:45am</u> |
| Address: <u>449 Pemberwick Rd</u> | Expiration Date: <u>2-28-26</u> | Licensed Capacity: <u>61</u> | Under 3 Capacity: <u>32</u> |
| Town: <u>Greenwich</u> | Telephone: <u>203-532-1190</u> | # of children present: <u>48</u> | # of staff present: <u>16</u> |
| Operator: <u>Children's Day School INC</u> | Director: <u>Linda McGehee</u> | Head Teacher: <u>Susan Carriero</u> | |
| Email: <u>lmcgee@childrensdaychool.net</u> | Summer Care: <u>Open</u> | | |
| Hours of Operation: <u>m-f 7:30am - 6:00pm</u> | Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found | | |
| Ages Served: <u>6 weeks - 5 years</u> | Endorsements: <input checked="" 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: 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: 7-6-22
 - 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: 3-07 Results: 23
 - 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"/> | <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 | <u>NA</u> | <u>NA</u> |

- 27. Logs/Visits Documented
- 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: 10-20-21
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>Cathy Anderson</u> | Written Corrective Action Plan Due to OEC by: <u>2-21-23</u> | Signature of Person in Charge: <u>Katheren M. Calabrese</u> |
| Print name: <u>Cathy Anderson</u> | | Print name: <u>Katheren M. Calabrese</u> |

CHILD CARE CENTER/GROUP INSPECTION FORM

| | | | |
|---|--|--|-----------------------------------|
| Program Name: <u>Children's Day School</u> | | License Number: <u>16399</u> | Date of Inspection: <u>2-7-23</u> |
| <u>Physical Plant continued:</u> <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 checked="" 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 | | <u>Under Three Endorsement 19a-79-10</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name | |
| <u>Outdoor Space</u> <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"/> 91. Lead Management Plan (Y/N) <u>NK</u> <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 | | <u>Outdoor Play Space-Under Three:</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate | |
| <u>Educational Requirements 19a-79-8a</u> <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 | | <u>School Age Children Endorsement 19a-79-11</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate | |
| <u>Administration of Medications 19a-79-9a</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file | | <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly | |
| <u>Nonprescription Topical Medications</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage | | <u>Monitoring of Diabetes 19a-79-13</u> <u>Discussed no child enrolled</u> <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 | |
| <u>Oral/Topical/Inhalant/Injectable Medications</u> <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 | | <u>Self-Administration</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage | |
| <u>Emergency Distribution of Potassium Iodide</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization | | | |
| <u>Emergency Distribution of Potassium Iodide</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage | | | |
| Signature of OEC Representative <u>Cathy Anderson</u> | | Written Corrective Action Plan Due to OEC by: <u>2-21-23</u> | |
| Print Name: <u>Cathy Anderson</u> | | Signature of Person in Charge <u>Katherine M. Calabrese</u> | |
| | | Print Name: <u>Katherine M. Calabrese</u> | |

post

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Day School License # 16399 Date: 2-7-23

Observations/Corrections needed:

Observed:

#38-Care Plan does not match dosage on a medication form

#45-Pre-K 2-2 shelves are not secured

Child bathroom - 1 metal ^{radiator} cabinet with rust

#88-Impact absorbing material under 2 Climbers is frozen and very hard

#119-Two's-books and toys stored on changing table

Discussed:

1 out of 10 Child health records without TB risk documented

1 Staff health record is missing Doctor information

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 Anders
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2-21-23

Signature: Katherine M. Calabrese
(Person in Charge)