

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Star Cubs Child Development Center</u>	License Number: <u>70234</u>	Date of Inspection: <u>2/9/23</u>	Time of Arrival: <u>9:52</u>
Address: <u>169 Main St</u>	Expiration Date: <u>6:30:23</u>	Licensed Capacity: <u>80</u>	Under 3 Capacity: <u>32</u>
Town: <u>Menden 06451</u>	Telephone: <u>203-204-3838</u>	# of children present:	# of staff present:
Operator: <u>Sunset Child Care LLC</u>	Director: <u>Svetlana Fedorova-Boyanowski</u>	Head Teacher: <u>Svetlana Fedorova-Boyanowski</u>	
Email: <u>lana@starcubscdc.com</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 6:00am-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-12 years</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input 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: 8-19-21

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: 11/22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: 12/31/23
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 2/10/15 Results: .8
 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: 1/19/23
 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>Jennifer Seem</u> Print name: <u>Jen Seem</u>	Written Corrective Action Plan Due to OEC by: <u>2-9-22-23-23</u>	Signature of Person in Charge: <u>Svetlana Fedorova-Boyanowski</u> Print name: <u>Svetlana Fedorova-Boyanowski</u>
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CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Star Cubs Child Development Center</u>	License Number: <u>70234</u>	Date of Inspection: <u>2.9.23</u>
<u>Physical Plant continued:</u> <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>Outdoor Space</u> <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) <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>Educational Requirements 19a-79-8a</u> <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>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <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> <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 <u>Emergency Distribution of Potassium Iodide</u> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage	<u>Under Three Endorsement 19a-79-10</u> <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 Play Space-Under Three:</u> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <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>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <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>Monitoring of Diabetes 19a-79-13 no child enrolled</u> <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	
Signature of OEC Representative <u>Jennifer Seve</u> Print Name: <u>Jen Seve</u>	Written Corrective Action Plan Due to OEC by: <u>2-23-23</u>	Signature of Person in Charge <u>Svetlana Fedorova</u> Print Name: <u>Svetlana Fedorova</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubs Child Development Center License # 70234 Date: 2-9-23

Observations/Corrections needed:

- #2 Observed 3 out of 10 staff files to not have documentation of new-employee orientation
- #3 observed 10 out of 10 staff files to not have documentation of annual review of policies, plans, procedures in past year
- #16 Observed 3 out of 10 staff files to be missing TB results observed 1 staff file to be missing current staff health record
- #17 observed director ^{staff} and head teacher file to not have documentation of professional development for 100% of worked hours
- #18 b ⁷ staff observed to be signed in today, yesterday and/or observed staff file to not have "Current" or "Work supervised" status in BCIS. No staff shall work with children without Current or work supervised status in BCIS.
- #27 No documentation of annual review of policies, plans, procedures and education programs by dental consult observed.
- #32 observed 5 out of 12 childrens files reviewed to have incomplete enrollment records missing parent/guardian work addresses.
- #38 observed all care plans to not be signed by all staff responsible for care of child
- #44 observed indoor first Aid kit to be missing current First Aid book (within 5 yrs print)

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: Jen Serra Jen Serra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: A. Diet
(Person in Charge)

OEC BY: 2-23-23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubs Child Development Center License # 70234 Date: 29.23

Observations/Corrections needed:

- # ~~78~~⁶⁹ observed paint peeled off wall in toddler bathroom in 2 areas on wall under shelves
observed bathroom vents to have accumulated dust throughout program
- #99 Observed 5 topical creams on site, without parent permission and MAR. Observed 1 topical parent permission form without start and end dates.
- #100 observed 1 topical on lower shelf of cubbies, in hallway by child cups. Observed 2 topicals in childrens cubbies in hallway. Observed one topical in diaper bag on class table.
- #101 observed 1 current training certificate for oral, topical and inhalant training. Observed no current injectable training with an injectable med on site.
- #102 observed 2 med orders to not be on child care appropriate authorized prescriber forms.
- #133 observed plastic bag in child bin on lower level of a changing table in under 3 class
- #137 observed bottle, partially consumed, placed in refrigerator for consumption at later time, in infant room.

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Signature: Jen Serra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: A. Anel
(Person in Charge)

OEC BY: _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubs Child Dev Center License # 70234 Date: 2-9-23Observations/Corrections needed:

#138 Per staff, bottles in infant room are rinsed and re-used throughout the day. Observed JS

#140 observed 3 bottles on site, to not be labeled with child's name.

#141 observed 2 gates, from under 3 playground, to not measure 48"

#142 observed air plane/seesaw to be on under 3 playground, without shock absorbing material under/around. This equipment manufactured for children 3-10 years.

#90 - observed wooden climber to have peeling/scratched paint on over 3 playground.

observed green fencing around sand box to ~~peel~~^{is} have paint falling off/scratched offDiscuss

observed 1 medication to have expired within 2 weeks.

observed infant/toddler swings on over 3 playground, not developmentally appropriate

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Signature: Jennifer Serra
(OEC Representative)Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: C. Anel
(Person in Charge)OEC BY: 2-23-23Print Name: Svetlana Fedorova-Boyanova