

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Auntie Rose Child Care Development Center</u>	License Number: <u>70456</u>	Date of Inspection: <u>4/21/2023</u> Time of Arrival: <u>0920</u>
Address: <u>126 Grand Ave.</u>	Expiration Date: <u>10/31/2026</u>	Licensed Capacity: <u>61</u> Under 3 Capacity: <u>24</u>
Town: <u>New Haven, CT. 06513-2848</u>	Telephone: <u>475-444-9134</u>	# of children present: <u>44</u> # of staff present: <u>10+</u>
Operator: <u>Auntie Rose Child Care Development Center LLC</u>	Director: <u>Rosa Bermudez</u>	
Email: <u>auntieroseccdc@hotmail.com</u>	Head Teacher: <u>Jessica Sanchez</u>	
Hours of Operation: <u>7AM-530PM Monday-Friday</u>	Summer Care: <u>Open</u>	
Ages Served: <u>6 weeks - 13 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> 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: 4/4/2023

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

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


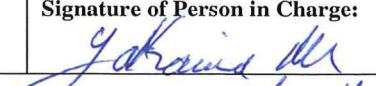
62. Required Toilets/Sinks/Supplies

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: 	Written Corrective Action Plan Due to OEC by: _____	Signature of Person in Charge: 
Print name: <u>BUDGET L. MERKIN</u>		Print name: <u>J. M.</u>

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Huntie Rose Child Care Development Center</i></p>	<p>License Number: <i>70456</i></p>	<p>Date of Inspection: <i>4/21/2023</i></p>
<p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input 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 type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input type="checkbox"/> 72. Working Phone on Each Level <input type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p>Outdoor Space</p> <ul style="list-style-type: none"> <input 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 type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input type="checkbox"/> 91. Lead Management Plan (Y/N) _____ <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input 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 type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p>Self-Administration</p> <ul style="list-style-type: none"> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <input type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input type="checkbox"/> 108. KI Pills Parent Permission/Storage 	<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 1/2" 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 checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" 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</p> <ul style="list-style-type: none"> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications 	
<p>Signature of OEC Representative <i>Bridget L. Parker</i></p> <p>Print Name: <i>Bridget L. Parker</i></p>	<p>Written Corrective Action Plan Due to OEC by: _____</p>	<p>Signature of Person in Charge <i>Y. M.</i></p> <p>Print Name: _____</p>

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Auntie Rose Child Care Development Center Date: 4/21/2023 Time: 9:20 AM

Location Address: 126 Grand Ave. New Haven, CT. 06513 Telephone #: 475-444-9134

e-mail address: auntieroseccdc@hotmail.com License #: 70456 Expiration Date: 10/31/2026

Capacity: 61 # of Children Present: 44 # of Staff Present: 10+

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Existing playground divided into two playgrounds

Observations/Corrections needed:

Infant/Toddler
 $11.6 \times 32 = 371.2 \div 75 = 4.9$ dk 4 children

Paved yard - Infant/Toddler/Preschool
 $32 \times 33 = 1056 \div 75 = 14.08$ dk 14 children age 3 and older or 8 children under 3


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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: 
(OEC Representative)

Print Name: BRIDGET L. MERRITT

Signature: 
(Person in Charge)

Print Name: Yabaira M.