

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Granny's Little Angels, LLC @ Peggy's Pumpkins</u>	License Number: <u>70432</u>	Date of Inspection: <u>5/2/23</u>	Time of Arrival: <u>1205p</u>
Address: <u>1006 Reservoir Avenue</u>	Expiration Date: <u>9-30-26</u>	Licensed Capacity: <u>29</u>	Under 3 Capacity: <u>12</u>
Town: <u>Bridgewater, CT 06606</u>	Telephone: <u>(703) 726-4397</u>	# of children present: <u>8</u>	# of staff present: <u>3</u>
Operator: <u>Granny's Little Angels, LLC</u>	Director: <u>Kenya Moales-Burd</u>	Head Teacher: <u>Kenya Moales-Burd</u>	
Email: <u>kmoalesburd@yahoo.com</u>	Summer Care: <u>Yes</u>		
Hours of Operation: <u>M-F 730 am - 530 pm</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 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: 9-9-22

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: 8-18-22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: _____
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 11-20-20 Results: 1.4 pci/L
 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: 6-30-22
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: <u>J.R. Roberts</u>	Written Corrective Action Plan Due to OEC by: <u>5.16.23</u>	Signature of Person in Charge: <u>Kmoales</u>
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Print name: J.R. Roberts Print name: Kenya Moales

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: Granny's Little Angels, LLC @ Peaqy's Pumpkins</p>	<p>License Number: 70432</p>	<p>Date of Inspection: 5/2/23</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 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 <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"/> 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 <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 <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <p>Emergency Distribution of Potassium Iodide</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage 	<p>Under Three Endorsement 19a-79-10</p> <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 <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p>School Age Children Endorsement 19a-79-11</p> <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 <p>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <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 <p>Monitoring of Diabetes 19a-79-13 <i>No one currently 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 	
<p>Signature of OEC Representative <i>Terr R Roberts</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>5-16-23</i></p>	<p>Signature of Person in Charge <i>Kenya Moales</i></p>
<p>Print Name: <i>Terr R Roberts</i></p>	<p>Print Name: <i>Kenya Moales</i></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC License # 70432 Date: 5/2/23
@ Peggy's Pumpkins

Observations/Corrections needed:

Immediate correction - #67 - Water temperature measured 148.30°F in room 2 children's bathroom, 152.90°F in room 3 children's bathroom and 153.90°F in infant room handwashing sink.

3 - Not available for review for 2 staff

4 - 3 of 5 not available for review

6 - Not available for review

7 - Staff attendance not taken

13 - Not posted

16 - 1 physical of 4 not available for review and 3 hb records not available for review of 4

17 - Not available for review for 2022

18b - 1 staff in needs bc status providing direct care as observed

19 - Unable to verify no records for attendance

Disussed: No children currently requiring medication
Program to submit written approval from firemarshal for plastic coverings over windows

first aid manual not within 5 years of copyright

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: A R Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: K Moore
(Person in Charge)

OEC BY: 5.16.23

Kenya Moore

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC License # 70432 Date: 5.2.23

Observations/Corrections needed: @ Peppy's Pumpkins

- 26 - Not available for review
- 27 - Not available for review
- 32 - 2 of 5 not available for review
- 33 - 3 of 5 not available for review
- 34 - 2 of 5 not available for review and 1 had no authorization
- 37 - 2 of 5 expired (11.24.22, 2.7.23, 1.3.23 expired)
- 67 - immediate correction see page 3
- 83 - Observed child date of birth 11.12.20 sleeping in a high chair with a blanket from 12:15pm - 12:50pm, cot not provided
- 99 - 6 of 6 had ⁽⁷²⁾ ~~A~~ not available for review
- 100 - 3 of 5 not labeled
- 110 - observed 1:6 twice when 2nd staff went into kitchen
- 119 - Diaper table not sturdy in room 2
- 120 - Not washed and disinfected as observed in room 2
- 121 - Not used as observed in room 2
- 122 - No covered trash in room 2
- 134 - Not available for review
- 82 - water coils not protected and hot to touch in playroom, 2 pack n plays with holes in them on mesh walls, dresser not anchored in infant room, observed bucket filled with water outside entrance door

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

Signature: [Signature]
(OEC Representative)
Print Name: Temi R Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Kenya Morales

OEC BY: 5.16.23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC License # 70432 Date: 5-2-23

Observations/Corrections needed: Reggy's Pumpkins

S=19a-79-6a (a)(9) Observed 2 children sleeping on cots in kitchen with 1 staff present.

Discussed:
No consent order violations at this visit

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Signature: [Signature]
(OEC Representative)

Print Name: Terry K Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: Immediate for number 67
CAP due 5-16-23

Print Name: Kenya Morales