

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>The Goddard School</u>	License Number: <u>Pending</u>	Date of Inspection: <u>5-12-23</u>	Time of Arrival: <u>8:00am</u>
Address: <u>538 Evergreen Way</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>193</u>	Under 3 Capacity: <u>82</u>
Town: <u>South Windsor</u>	Telephone: <u>860-783-4922</u>	# of children present: <u>0</u>	# of staff present: <u>3</u>
Operator: <u>Rosewood Holdings Inc</u>	Director: <u>Andrea Pearce</u>	Head Teacher: <u>Andrea Pearce</u>	
Email: <u>SouthWindsorCT@goddardschools.com</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 7am - 6pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>6 Weeks - 8 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: 5-10-23

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: 4-8-23
- 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: Nov 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	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: 4-26-23
Bacterial/Chemical Test (Y/N) Date: NA
- 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>D. Wassenaar</u>	Written Corrective Action Plan Due to OEC by: <u>NA</u> Prior to License	Signature of Person in Charge: <u>Lauren Smallwood</u>
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Print name: Dianna Wassenaar / K Kallima

Print name: Lauren Smallwood

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: The Goddard School		License Number: Pending	Date of Inspection: 5-12-23
Physical Plant continued: <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 		Under Three Endorsement 19a-79-10 <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 	
Outdoor Space <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"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible 		Outdoor Play Space-Under Three: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate 	
Educational Requirements 19a-79-8a <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 		School Age Children Endorsement 19a-79-11 <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 	
Administration of Medications 19a-79-9a <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file 		Night Care Endorsement 19a-79-12 (10pm-5am) <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 	
Nonprescription Topical Medications <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage 		Monitoring of Diabetes 19a-79-13 None at this time <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 	
Oral/Topical/Inhalant/Injectable Medications <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 		Self-Administration <ul style="list-style-type: none"> <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			
Signature of OEC Representative D. Wassenaar	Written Corrective Action Plan Due to OEC by: NA Prior to License	Signature of Person in Charge [Signature]	
Print Name: Dianna Wassenaar K Kellerman		Print Name: Lauren Smellwood	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # Pending Date: 5-12-23

Observations/Corrections needed:

Radon test will be completed in Nov. 2023.

No violations

Space may not be used until final OEC approval

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: *D. Wassenhove* *Markellen*
(OEC Representative)
Print Name: Dianna Wassenhove Kellenman

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Lauren Smallwood*
(Person in Charge)
Print Name: Lauren Smallwood

OEC BY: Prior to License NA

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # Pending Date: 5-12-23

Observations/Corrections needed:

115A - Under 3

$$14.75 \times 27.08 = 399.43, + 10 \times 4.17 = 41.7 - (\overset{\text{Sub.}}{5.42 \times 2.42} = 13.11)$$

$$441.13 - (13.11) = 428 \div 35 = \textcircled{12}$$

120 - Under 3

$$27.08 \times 14.75 = 399.43 + 9.92 \times 4.17 = 41.36 - (\overset{\text{Sub.}}{2.83 \times 5.42} = 15.33)$$

$$399.43 + 41.36 = 440.79 - (15.33) = 425 \div 35 = \textcircled{12}$$

106A - Multi-Use - Does not count in licensed capacity

$$24.17 \times 39.08 = 944 \div 35 = \textcircled{26}$$

155A - Under 3

$$32.17 \times 15.5 = 498.63 - (\overset{\text{Sub.}}{2.5 \times 15.42} = 38.55)$$

$$498.63 - 38.55 = 460 \div 35 = \textcircled{13}$$

152A - Under 3

$$32.17 \times 15.5 = 498.63 - (\overset{\text{Sub.}}{15.42 \times 2.5} = 38.55)$$

$$498.63 - 38.55 = 460 \div 35 = \textcircled{13}$$

151A - Under 3

$$32 \times 15.42 = 493.44 - (\overset{\text{Sub.}}{14.25 \times 4.25} = 60.56) - (\overset{\text{Sub.}}{5.08 \times 2.5} = 12.7)$$

$$493.44 - 60.56 - 12.7 = 420 \div 35 = \textcircled{12}$$

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

Signature: D. Wassenhove / Kara Kellen
(OEC Representative)Print Name: Diana Wassenhove / Kellenman

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lauren Smallwood
(Person in Charge)OEC BY: Prior to License N/APrint Name: Lauren Smallwood

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # Pending Date: 5-12-23

Observations/Corrections needed:

148A under 3

$$32.17 \times 14.42 = 463.89 \left(\overset{\text{sub}}{5.25} \times 2.5 \right) = 13.13 \left(\overset{\text{sub}}{4.25} \times 14.25 \right) = 60.56$$

$$390.2 \times .35 = \textcircled{11}$$

128A over 3

$$22.67 \times 38.25 = 867.13 \left(\overset{\text{sub}}{6.58} \times 18.42 \right) = 121.20$$

$$745.93 \times .35 = \textcircled{21}$$

121B/A over 3

$$22.67 \times 38.25 = 867.13 \left(\overset{\text{sub}}{6.58} \times 18.5 \right) = 121.73 \left(\overset{\text{sub}}{1.08} \times 125 \right) = 1.35$$

$$744.05 \times .35 = \textcircled{21}$$

132A under 3

$$26.58 \times 13.08 = 347.67 \left(\overset{\text{sub}}{5.67} \times 2.42 \right) = 13.72$$

$$333.95 \times .35 = \textcircled{9}$$

134A over 3

$$45.08 \times 19.58 = 882.67 \left(\overset{\text{sub}}{7.08} \times 3.17 \right) = 22.44$$

$$860.23 \times .35 = \textcircled{24}$$

138A over 3

$$45.17 \times 19.17 = 865.91 \left(\overset{\text{sub}}{20.5} \times 6.67 \right) = 11.89 \left(\overset{\text{sub}}{.58} \times .58 \right) = .24 \left(\overset{\text{sub}}{1.33} \times 1.25 \right) = 1.66$$

$$851.27 \times .35 = \textcircled{24} \quad \left(\overset{\text{sub}}{.92} \times .92 \right) = .85$$

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

Signature: *D. Wassenhove*

(OEC Representative)

Print Name: Dianna WassenhoveSignature: *Lauren Smallwood*

(Person in Charge)

Print Name: Lauren Smallwood

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to License -NA

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Guddard School License # Pending Date: 5-12-23

Observations/Corrections needed:

142A over 3

$$45.17 \times 19.5 = 880.82 \quad \left(\overset{\text{sub}}{18.42} \times 642 \right) = 118.26 \quad \left(\overset{\text{sub}}{1.33} \times 1.5 \right) = 1.99$$

$$\left(\overset{\text{sub}}{1.33} \times 1.25 \right) = 1.66 \quad 758.91 \div 35 = \textcircled{21}$$

Outdoor play under 3

$$56.83 \times 36 = 2,045.88 \div 75 = \textcircled{27}$$

outdoor play over 3

$$69.5 \times 36 = 2,502 \div 75 = \textcircled{33}$$

Total - Under 3 = 82

Over 3 = 111

Total capacity 193

Under 3 Playground = 27

Over 3 Playground = 33

multi-Use Room = 26 - not in capacity.

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

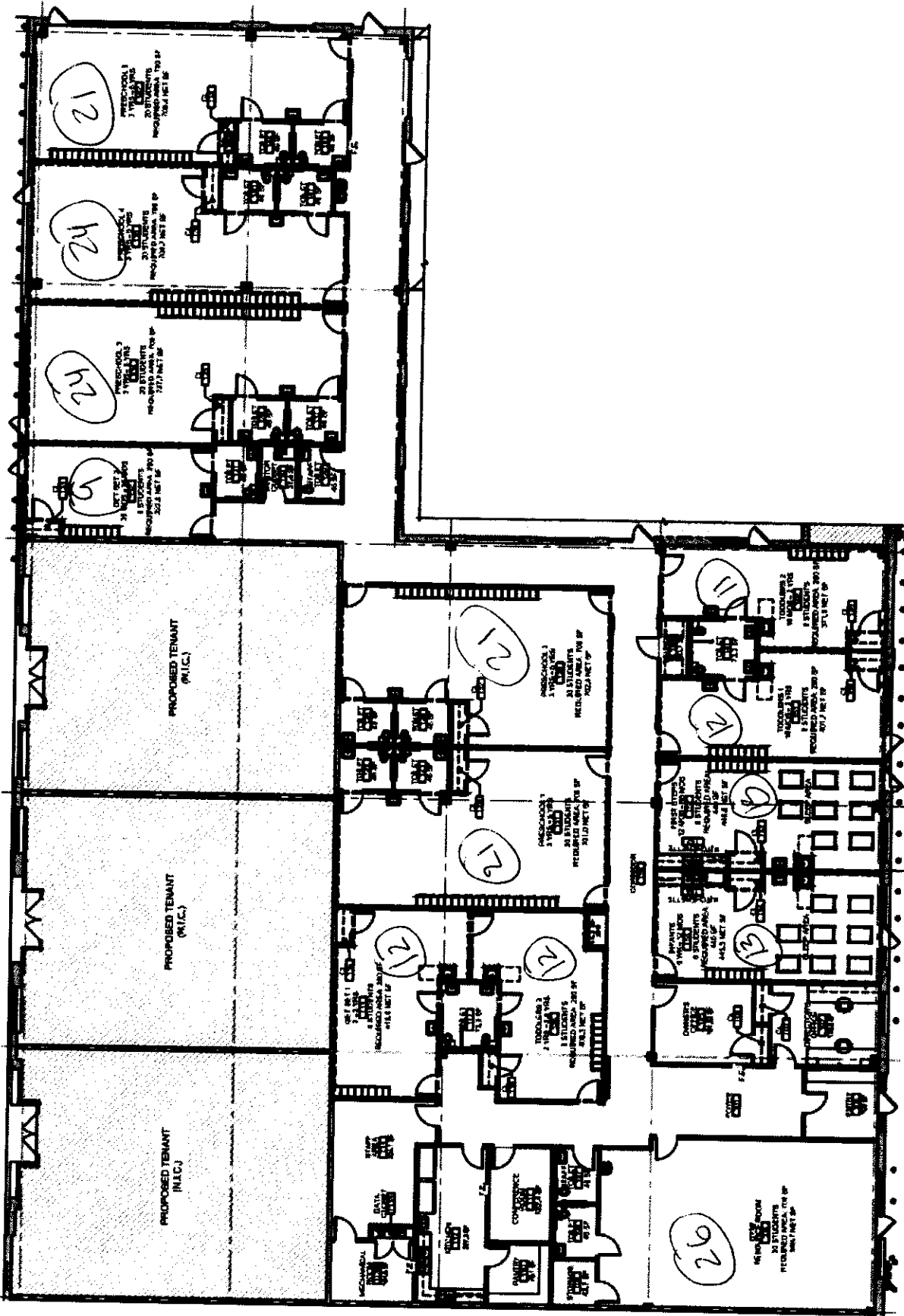
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: *Dianna Wassenaar* *Kathellen*
 (OEC Representative)
 Print Name: Dianna Wassenaar Kathellen

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Lauren Smallwood*
 (Person in Charge)
 Print Name: Lauren Smallwood

OEC BY: Prior to License - NA



12
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

24
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

23
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

5
 OFFICE
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

PROPOSED TENANT (N.I.C.)

PROPOSED TENANT (N.I.C.)

PROPOSED TENANT (N.I.C.)

21
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

21
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

12
 OFFICE
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

21
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

21
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

MECHANICAL
 DATA CENTER
 TOILET
 CONFERENCE
 STORAGE
 RESTROOM

MECHANICAL ROOM
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

11
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

21
 PROPOSED TENANT (N.I.C.)
 17 STUDENTS
 20 STUDENTS
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13
 OFFICE
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 70.4 NET SF

13
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 PROPOSED AREA: 170.8 SF
 70.4 NET SF

26
 MECHANICAL ROOM
 17 STUDENTS
 20 STUDENTS
 20 STUDENTS
 PROPOSED AREA: 170.8 SF
 70.4 NET SF

MECHANICAL ROOM
 17 STUDENTS
 20 STUDENTS
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 PROPOSED AREA: 170.8 SF
 70.4 NET SF