

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Child Link - Jennings Sch 1 PTA - Sch 1 PTA License Number: 14065 Date of Inspection: 5/22/23 Time of Arrival: 3:20 PM

Address: 31 Palm Drive Expiration Date: 6-30-26 Licensed Capacity: 65

Town: Fairfield, Ct. 06825 Telephone: (203) 372-7745 # of children present: 22 # of staff present: 4

Operator: Jennings School PTA - Fairfield PTA Director: Seri Pasmer

Email: spchildlink@gmail.com Head Teacher: [Signature]

Hours of Operation: M-F 7:15am - 8:50am + 3:25-5:50pm Summer Care: No

Ages Served: 5-12 years Instruction Codes:
√ = Compliance/No violation found O = Non-compliance/Violation found
N/A = Not applicable at this time

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 2.13.20

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: 5.24.22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: _____
- 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
- 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
- 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 (Y/N) Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

[Signature]
Print Name: Teri K Roberts

Written Corrective Action Plan
Due to OEC by:

6.5.23

Signature of Person in Charge:

[Signature]
Print Name: Laurie Zarlenga

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Child Link - Jennings Sch 1 PTA - SA-CC AFT - Sch Pam</u>	License Number: <u>14065</u>	Date of Inspection: <u>5/22/23</u>
--	------------------------------	------------------------------------

Physical Plant continued:

- 73. Emergency Numbers Posted
- 75. Light Fixtures Shielded/Shatter Proof
- 76. Potentially Hazardous Substances Locked
- 77. Garbage/Rubbish Disposed Daily
- 78. Stairs Protected/Good Repair/Handrails
- 79. Pets: Maintained/Care Plan (Y/N)
- 80. Operable CO Detector on Each Level (Y/N)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free of Hazards
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Playground Protected
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- 95. Written Plan for Daily Program Available to Parents/Staff
- 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

Administration of Medications 19a-79-9a

- 97. Written Policies/Procedures
- 98. Training Outline on file

Nonprescription Topical Medications

- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

School Age Children Endorsement 19a-79-11

- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Monitoring of Diabetes 19a-79-13 No one currently enrolled

- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

Signature of OEC Representative <u>Jenni K Roberts</u> Print Name: <u>Jenni K Roberts</u>	Written Corrective Action Plan Due to OEC by: <u>6.5.23</u>	Signature of Person in Charge <u>Lauree Zarlenga</u> Print Name: _____
---	--	--

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Link - Jennings Sch PTA License # 14065 Date: 5/22/23
SACC AFT Sch P6M

Observations/Corrections needed:

- S- 19a-79-3a (a) Program does not have access to BCIS, no roster printed and no BCIS cards
- 1- Not completed within 2 years
- 2- Not available for review to ensure safety
- 3- Not available for review
- 6- All required policies not available for review
- 7- Am session missing time out for children
- 15a- Not posted
- 18b- Unable to verify - no roster, printout, cards Pending
- 19- Program does not have an approved head teacher
- 33- 6 of 6 not available for review
- 38- 2 of 3 missing parent signature
- 88- No documentation for porous rubber surface available for review
- 98- Not available for review
- 101- No one trained in injectable, 2 children requiring injectable
- 102- 1 of 3 expired on 3.15.23
- 104- 2 meds not returned as child no longer enrolled

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 6.5.23