Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☑ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: North Stonington Early Learners	License Number: pending	Date of Inspection: 6/1/23 Time of Arrival: 1240
Address: 298 Norwich Westerly Road	Expiration Date: pending	Licensed Capacity: Under 3 Capacity:
Town: North Stonington	Telephone: 8604155722	# of children present: 0 # of staff present: 1
Operator: North Stonington's Early Learners LLC	Director: Samantha Horrigan	
Email: samantha.nsel@gmail.com	Head Teacher: Samantha Horrigan	
Hours of Operation: M-F 7A-5:30P	Summer Care: open	
Ages Served: 1 weeks - 12 years	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	

Endorsements: ☐ Under Three (6wks - 36m) ☑ Preschool (3y - 5y) ☑ School Age (5y & up) ☐ 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:_____
- ☐ 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
- ☐ 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:
Caroline Kelleher	ASAP	
Print name: Caroline Kelleher Kelleher		Print name: Samantha Horrigan

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: North Stonington EL	License Number: pending	Date of Inspection: 6-1-23

Physical Plant continued:

- ☐ 67. Water Temperature 60°-115°
- ☐ 68. Portable Space Heaters
- ☐ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☐ 70. Rugs Secure
- ☐ 71. Hot Water/Steam Pipes Protected
- ☐ 72. Working Phone on Each Level
- ☐ 73. Emergency Numbers Posted
- ☐ 74. Adequate Lighting: 50/30 Candle Feet
- ☐ 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
- ☐ 82. Equipment: Good Repair/Safe/Non-toxic
- ☐ 83. Cots Stored/Maintained/Adequate Number
- ☐ 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 from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 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

Under Three Endorsement 19a-79-10

- ☐ 109. Approved Endorsement
- ☐ 110. Ratio: 1 Staff to 4 Children
- ☐ 111. Group Size no Larger than 8
- ☐ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☐ 113. Adequate Sinks in Program Space
- ☐ 114. Free Standing/Well-Constructed/Safe Cribs
- ☐ 115. Washable Cots
- ☐ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☐ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☐ 118. Refrigerators and Food Prep Facilities
- ☐ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☐ 120. Washed/Disinfected
- ☐ 121. Disposable Paper Sheets
- ☐ 122. Covered Waste Receptacle
- ☐ 123. Diaper Changing Policy Posted
- ☐ 124. Hand Washing Policy Posted
- ☐ 125. Individual Storage of Personal Items
- ☐ 126. Cribs/Cots Washed/Disinfected
- ☐ 127. Under 12 Months Placed on Back for Sleeping
- ☐ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☐ 129. Crib/Bed Used for Infant Sleeping
- ☐ 130. Crib/Bed Free from Observable Hazards
- ☐ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☐ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☐ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☐ 134. Health Consultant/Documentation of Visits
- ☐ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☐ 136. Written Statement/Feeding Schedule from Parent
- ☐ 137. Unused Portions of Liquids Discarded
- ☐ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☐ 139. Food Served from Dish or Whole Jar Served
- ☐ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- ☑ 141. Play Space Fenced
- ☑ 142.Outdoor Equipment: Dev. Appropriate

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

Night Care Endorsement 19a-79-12 (10pm-5am)

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13

- ☐ 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	Written Corrective Action Plan Due to OEC by: ASAP	Signature of Person in Charge
Carolynne Deloreto / KKellerman		
Print Name: Carolynne Deloreto KKellerman		Print Name: Samantha Horrigan.

☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Stonington Early Learners Date: 6/1/23 Time: 12:40

Location Address: 298 Norwich Westerly Telephone #: 8604155722

e-mail address: Samantha.nsel@gmail.com License #: pending Expiration Date: pending

Capacity: ✓ # of Children Present: ✓ # of Staff Present: ✓

Consent to Inspect Family Child Care Home	*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.* ***Provider/Applicant/Substitute's Signature*** _____

Purpose of visit: playground measurement

Observations/Corrections needed:

Program has installed fencing measuring over 48" around playgrounds

No violations for under three playground.

(S) over three playground needs documentation of #92 safe installation of pirate ship/swings.

Preschool playground measures for 39 discussed group size not exceeding 20

Under three playground measures for 16 discussed a limit of 8 children without a physical barrier.

*see attached Square footage report

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: ASAP

Signature: _____ (OEC Representative)

Print Name: Caroline Deloreto / K Kellerman

Signature: _____ (Person in Charge)

Print Name: Samantha Horrigan.

SQUARE FOOTAGE REPORT

(Not counted in capacity)

Northstrong's Early Learners (Name of Program) pending (License Number) 6-1-23 (Date of Measurements)

ACTIVITY ROOM (Not counted in capacity)

Room: _____: (____x____)+(____x____)+(____x____)+(____x____)= _____
(Name/Number)

Totals _____ _____ _____ _____ **Minus**

Under 3 YES/NO/BOTH Deduction: (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total_____ ÷ 35/30= _____ **OK for _____ children**

Room: _____: (____x____)+(____x____)+(____x____)+(____x____)= _____
(Name/Number)

Totals _____ _____ _____ _____ **Minus**

Under 3 YES/NO/BOTH Deduction :(____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total_____ ÷ 35/30= _____ **OK for _____ children**

OUTDOOR SPACE (Not counted in capacity)

Playground 1: (92.25 x 32.33)+(____x____)+(____x____)= 2982 ÷ 75= 39.765

Preschool

Under 3 YES/NO/BOTH Totals: _____ _____ _____ **OK for 39 children**

Playground 2: (36.92 x 33.69)+(____x____)+(____x____)= 1242.72 ÷ 75= 16.569

Under 3 YES/NO/BOTH Totals: _____ _____ _____ **OK for _____ children**

Playground 3: (____x____)+(____x____)+(____x____)=_____ ÷ 75= _____

Under 3 YES/NO/BOTH Totals: _____ _____ _____ **OK for _____ children**

Express the figure as whole number by rounding decimals down.

***Total of toilets for children:** 4 **Exclusive use for staff** 1

***Total of sinks for children:** 3

TOTAL CAPACITY 64 **INCLUDING** 24 **UNDER THE AGE OF 3**

*** 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)**

*** 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)**