

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: The Goddard School - Orange
 Address: 42 Old Tavern Rd
 City: Orange 06477
 Operator: Kick Start to Learning LLC
 Email: dorange@goddardschools.com
 Years of Operation: 6 wks - 6 yrs
 Hours Served: 7:00am - 6:00pm M-F
 License Number: 16237 Date of Inspection: 6/2/23 Time of Arrival: 7:50am
 Expiration Date: 7/31/26 Licensed Capacity: 124 Under 3 Capacity: 48
 Telephone: 203-795-5575 # of children present: 25 # of staff present: 7+
 Director: Sue Ann Cimminello
 Head Teacher: Gina Esposito
 Summer Care: open
 Instruction Codes: N/A = Not applicable at this time
 Compliance/No violation found Non-compliance/Violation found
 School Age (5y & up) Night Care (6wks & up)

- Insurance Procedures 19a-79-2a**
 1. Local Health Date: 5/13/22
Registration 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
 Posted: Conspicuous/Accessible
 8. License
 9. Current Fire Marshal Certificate Date: 9/22/22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: exp. 7/23
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 11/25/05 Results: .5
 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
Agreements
 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"/>

- 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: 5/4/22
 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

Name of OEC Representative: Kim Montanye
 Written Corrective Action Plan Due to OEC by: 6/16/23
 Signature of Person in Charge: Sue Ann Cimminello
 Print name: Sue Ann Cimminello

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: The Goodland School - Orange

License Number:

16237

Date of

Inspection: 6/2/23

Visual 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

Additional 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 check SAZ
- 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 1/2" 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 no children 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

Fil Montanye
Name: Fil Montanye

Written Corrective Action Plan

Due to OEC by: 6/16/23

Signature of Person in Charge

Susan Gimmello
Print Name: Susan Gimmello

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard school - License # 16237 Date: 6/2/23

- Observations/Corrections needed:
- #16 - ^{orange} observed 1 staff without current physical
 - #16 - observed 2 staff without documentation for TB result.
 - #27 - ^{observed 1 staff without physical} annual review of policies and education program plan not observed for health consultant
 - #32 - observed 2 children's files with incomplete enrollment documentation missing work addresses and numbers
 - #33 - emergency medical permission not observed for 1 child
 - #34 - authorized release other than parent not observed for 1 child
 - #76 - observed sanitizing wipes, disinfectant sprays and lysol + water not locked on shelves throughout.
 - #102 - observed one medication ~~with~~ ^(PM) Administration Record incomplete missing name of child and medication
 - #10 - upon arrival observed a 5:1 ratio in an under 3's room ^(locks)
 - #13 - observed handwashing sink in under 3's classroom ^{with toys} (bunnies)
 - #34 - nurses logs were unavailable during inspection
 - #88 - observed 1 children without individual care plan discussion
 - multiple bathrooms in under 3's ~~to~~ ^(PM) being used for storage
 - observed 1 staff without documentation of annual policy training

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

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

Signature: Fil Montanye
(OEC Representative)

Print Name: Fil Montanye

RECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

BY: 6/16/23

Print Name: Sue Ann Cinnelb
(Person in Charge)