

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Little Rainbow Bridgepart</u>	License Number: <u>70691</u>	Date of Inspection: <u>7-24-23</u> Time of Arrival: <u>9am</u>
Address: <u>24 Whittier St</u>	Expiration Date: <u>2-28-27</u>	Licensed Capacity: <u>now 16</u> Under 3 Capacity: <u>0</u>
Town: <u>Bridgepart</u>	Telephone: <u>203-345-3267</u>	# of children present: <u>0</u> # of staff present: <u>1</u>
Operator: <u>Little Rainbow Bridgepart, LLC</u>	Director: <u>Ashley Foster</u>	
Email: <u>Preschool@Lrdaycare.com</u>	Head Teacher: <u>Ashley Foster</u>	
Hours of Operation: <u>m-f 6am-10pm</u>	Summer Care: <u>Open</u>	
Ages Served: <u>6 weeks - 5 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" 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: _____

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: 7-19-23
- 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: _____ 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	<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	<u>NA</u>	<u>NA</u>

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: 5-4-23
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:

Cathy Anderson

Print name: Cathy Anderson

Written Corrective Action Plan Due to OEC by: Primo approval

Signature of Person in Charge:

[Signature]

Print name: [Name]

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <i>Little Rainbow Bridgepart</i></p>	<p>License Number: <i>70691</i></p>	<p>Date of Inspection: <i>7-24-23</i></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"/> 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 <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<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</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>Cathy Anderson</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>prior to approval</i></p>	<p>Signature of Person in Charge <i>KESTRA HILL</i></p>
<p>Print Name: <i>Cathy Anderson</i></p>	<p>Print Name: <i>KESTRA HILL</i></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Rainbow, Bridgeport, WV License # 70691 Date: 1-24-23

Observations/Corrections needed:

- All items on the inspection form were discussed:

Corrections

- #1 - Observed no local Health Inspector
- #45 - Observed Shelves throughout not secured
- room 2 - 1 cord not secured
- #89 - Observed screw ends protruding on gates and a metal piece protruding on building
- #112 - Observed no barriers for rooms 1-4 (Send pictures)
- #130 - Observed Sheets on cribs are not snug fitting (Send pictures)
- #15 - Observed radon test done on 5-8-23 (needs to be done 11-1-4-30)

Discussed

group size, ratio and supervision

Still needed for approval:

- building approval
- Affidavit
- Under 3's application
- Nurses agreement (weekly visits)

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: Cathy Adams
(OEC Representative)

Print Name: Cathy Adams

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: Prior to approval

Print Name: KEISHA HILLMORE

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

*30 sq/ft licensed prior 1986 (continuous basis)

Little Rainbow Bridgeport, LLC
(Name of Program)

70691
(License Number)

1-24-23
(Date of Measurements)

INDOOR SPACE

Room: 1 : (24 x 19) + () + () + () = 456
(Name/Number) Totals

Under 3 YES/NO Deduction: () + () + () + () = 1
Totals
Description

Total 456 ÷ 35/30 = 13 OK for 13 children (8) due to group size

Room: 2 : (24 x 12) + (16.75 x 11.75) + () + () = 484.81
(Name/Number) Totals 288 196.81 Minus

Under 3 YES/NO Deduction: () + () + () + () = 1
Totals
Description

Total 481.81 ÷ 35/30 = 13 OK for 13 children (8) due to group size

Room: 3 : (20.67 x 19) + () + () + () = 392.73
(Name/Number) Totals 392.73 Minus

Under 3 YES/NO Deduction: (5 x 5) + () + () + () = 25
Totals 25
Description Stairs

Total 367.73 ÷ 35/30 = 10 OK for 10 children (8) due to group size

Room: 4 : (18 x 18) + (4.25 x 6) + () + () = 350.5
(Name/Number) Totals 324 25.5 Minus

Under 3 YES/NO Deduction: (2.75 x .6) + () + () + () = 1.84
Totals 1.84
Description Column

Total 348.66 ÷ 35/30 = 9 OK for 9 children (8) due to group size

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

Little Rainbow Bridgeport
(Name of Program)

70691
(License Number)

7-24-23
(Date of Measurements)

INDOOR SPACE

Room: 5 : (31 x 19) + (11 x 4.42) + (22 x 10.42) + (____ x ____) = 866.86
(Name/Number) Totals 589 48.62 229.24 Minus

Under 3
YES/NO (NO) Deduction: (275 x .67) + (____ x ____) + (____ x ____) + (____ x ____) = 1.84
Totals 1.84
Description Column

Total 865.02 ÷ 35/30 = 24 OK for 24 children

Room: _____ : (____ x ____) + (____ x ____) + (____ x ____) + (____ x ____) = _____
(Name/Number) Totals _____ Minus

Under 3
YES/NO 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 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 Deduction: (____ x ____) + (____ x ____) + (____ x ____) + (____ x ____) = _____
Totals _____
Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

(Not counted in capacity)

Little Rainbow Bridge
(Name of Program)

70691
(License Number)

7-24-23
(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: (353 x 30.25) + (_____ x _____) + (_____ x _____) = 1,086.39 ÷ 75 = 75
Totals _____ OK for 14 children
Under 3 YES/NO/BOTH BOTH *or 8 under 35 due to group size*

Playground 2: (_____ x _____) + (_____ x _____) + (_____ x _____) = _____ ÷ 75 = _____
Totals _____ OK for _____ children
Under 3 YES/NO/BOTH

Playground 3: (_____ x _____) + (_____ x _____) + (_____ x _____) = _____ ÷ 75 = _____
Totals _____ OK for _____ children
Under 3 YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 11 Exclusive use for staff 31
*Total of sinks for children: 34

TOTAL CAPACITY 56 INCLUDING 32 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)