

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Tolland Green Learning Center</u>	License Number: <u>12861</u>	Date of Inspection: <u>7/21/23</u>	Time of Arrival: <u>11am</u>																		
Address: <u>45 Tolland Green</u>	Expiration Date: <u>7/31/25</u>	Licensed Capacity: <u>94</u>	Under 3 Capacity: <u>0</u>																		
Town: <u>Tolland, CT 06084</u>	Telephone: <u>860 8752795</u>	# of children present: <u>30</u>	# of staff present: <u>7</u>																		
Operator: <u>United Cong Church of Tolland</u>	Director: <u>Teresa Green</u>	Head Teacher: <u>Teresa Green</u>																			
Email: <u>tollandgreen1c@comcast.net</u>	Summer Care: <u>open</u>																				
Hours of Operation: <u>M-F 645AM-545PM</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found																				
Ages Served: <u>3yrs - 12years</u>																					
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)																					
Licensure Procedures 19a-79-2a <input checked="" type="checkbox"/> 1. Local Health Date: <u>3/8/23</u> Administration 19a-79-3a <input checked="" type="checkbox"/> 2. New Staff-Employee Orientation <input checked="" type="checkbox"/> 3. Annual Staff Policy Training <input checked="" type="checkbox"/> 4. Documentation of Behavior M. Tech Discussed w/Parents <input checked="" type="checkbox"/> 5. Notification of Change <input checked="" type="checkbox"/> 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy <input checked="" type="checkbox"/> 7. Daily Attendance Records: Children/Staff Items Posted: Conspicuous/Accessible <input checked="" type="checkbox"/> 8. License <input checked="" type="checkbox"/> 9. Current Fire Marshal Certificate Date: <u>8/22/22</u> <input checked="" type="checkbox"/> 10. OEC Complaint Procedure <input checked="" type="checkbox"/> 11. Food Service Certificate Date: _____ <input checked="" type="checkbox"/> 12. Menus <input checked="" type="checkbox"/> 13. Emergency Plans <input checked="" type="checkbox"/> 14. No Smoking Signs <input checked="" type="checkbox"/> 15. Radon Test (Y/N) Date: <u>2/25/09</u> Results: <u>0.4</u> <input checked="" type="checkbox"/> 15a. Developmental Milestones Staffing 19a-79-4a <input checked="" type="checkbox"/> 16. Staff Health Records/TB Tests <input checked="" type="checkbox"/> 17. Professional Development <input checked="" type="checkbox"/> 18. Disciplinary Actions <input checked="" type="checkbox"/> 18b. Background Checks <input checked="" type="checkbox"/> 19. Designated Head Teacher/60% <input checked="" type="checkbox"/> 20. Two Staff Present <input checked="" type="checkbox"/> 21. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 22. Group Size: Maximum 20 Children <input checked="" type="checkbox"/> 23. Designated Director/Training <input checked="" type="checkbox"/> 24. CPR Certified Staff <input checked="" type="checkbox"/> 25. First Aid Trained Staff Consultants <input type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Health</td> <td><u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Social Service</td> <td><u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Dental</td> <td><u>1</u></td> <td><u>0</u></td> </tr> <tr> <td>Dietitian</td> <td><u>1</u></td> <td><u>1</u></td> </tr> </tbody> </table> <input checked="" type="checkbox"/> 27. Logs/Visits Documented Swimming: (Y/N) <input checked="" type="checkbox"/> 28. Non-Swimmers Identified			Contracts	Logs	Education	<u>0</u>	<u>0</u>	Health	<u>0</u>	<u>0</u>	Social Service	<u>0</u>	<u>0</u>	Dental	<u>1</u>	<u>0</u>	Dietitian	<u>1</u>	<u>1</u>	Swimming cont. <input checked="" type="checkbox"/> 29. Staff/Child Ratios <input checked="" type="checkbox"/> 30. CPR Certified Staff (20 years of age) <input checked="" type="checkbox"/> 31. Lifeguard Certified/Supervision Record Keeping 19a-79-5a <input checked="" type="checkbox"/> 32. Enrollment Information <input checked="" type="checkbox"/> 33. Emergency Medical Permission <input checked="" type="checkbox"/> 34. Authorized Released Permission <input checked="" type="checkbox"/> 35. Field Trip Permission <input checked="" type="checkbox"/> 36. Transportation Permission <input checked="" type="checkbox"/> 37. Child Health Records/Immunizations/TB <input checked="" type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff) <input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports Health and Safety 19a-79-6a <input checked="" type="checkbox"/> 40. Nutritious Snacks/Meals (Required Food Groups) <input checked="" type="checkbox"/> 41. Proper Refrigeration <input checked="" type="checkbox"/> 42. Kitchen Separated <input checked="" type="checkbox"/> 43. Hand Washing Before Eating/Food Handling <input checked="" type="checkbox"/> 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory Physical Plant 19a-79-7a <input checked="" type="checkbox"/> 45. License Premise: Clean/Good Repair/Hazard Free <input checked="" type="checkbox"/> 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: Public/Well <input checked="" type="checkbox"/> 49. Lead Water Test Date: <u>7/25/16</u> Bacterial/Chemical Test (Y/N) Date: <u>4/9/21</u> <input checked="" type="checkbox"/> 50. Walkways Maintained <input checked="" type="checkbox"/> 51. Designated Staff Toilet/Sink <input checked="" type="checkbox"/> 52. All Openings for Ventilation Screened <input checked="" type="checkbox"/> 53. Windows Protected to Prevent Falls <input checked="" type="checkbox"/> 54. Glass Protected to 36" <input checked="" type="checkbox"/> 55. Overhead Doors Locking Devices/Spring Protectors <input checked="" type="checkbox"/> 56. Exits/Hallways and Stairs Unobstructed <input checked="" type="checkbox"/> 57. Individual Storage of Clothing/Bedding <input checked="" type="checkbox"/> 58. Smoking Prohibited <input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible <input checked="" type="checkbox"/> 60. Electrical Safety: Outlets/Cords <input checked="" type="checkbox"/> 61. Toileting Needs Met <input checked="" type="checkbox"/> 62. Required Toilets/Sinks/Supplies <input checked="" type="checkbox"/> 63. Potty Chairs: Nonporous/Emptied/Disinfected <input checked="" type="checkbox"/> 64. Hand Washing After Toileting: Staff/Children <input checked="" type="checkbox"/> 65. Ventilation in Toilet Room <input checked="" type="checkbox"/> 66. Air Temp 65°, Thermometer Affixed	
	Contracts	Logs																			
Education	<u>0</u>	<u>0</u>																			
Health	<u>0</u>	<u>0</u>																			
Social Service	<u>0</u>	<u>0</u>																			
Dental	<u>1</u>	<u>0</u>																			
Dietitian	<u>1</u>	<u>1</u>																			

Signature of OEC Representative: M. A. Shellen

Written Corrective Action Plan Due to OEC by: Aug 4, 2023

Signature of Person in Charge: Teresa Green

Print name: Kreikerman

Print name: Teresa Green

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:

Toland Green Learning Center

License Number:

12861

Date of Inspection:

7/21/23

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 1/4" 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

Sha Miller

Written Corrective Action Plan

Due to OEC by:

Aug 4, 2023

Signature of Person in Charge

Teresa Green

Print Name:

Krellerman

Print Name:

Teresa Green

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tolland Green Learning Center License # 12861 Date: 7/21/23

Observations/Corrections needed: S - Program added Pirate Ship Climbing equipment. No change form submitted to agency

11- Program supplies pizza every Friday. No food service Certificate Available. Send copy.

16- 2 staff medicals not up to date. No TB observed for 1 staff

17- Professional Development not sufficient for each staff

18- 1 Background check not complete for 1 staff.

26- Missing Education and Health Contracts.

27 - Logs missing for Education, Social Service and Dental

37- 2 Child health records not up to date. 2 immunizations not up to date. 1 TB missing in child's file.

38- 2 Care plans not signed by staff (all). 1 child with Epi Pen / Asthma

45- observed 2 dusty bathroom vents in rooms owls and jungles. observed mold, not secure art cubby in owls

69- observed water stains in hallway and old water stain in jungle room on ceilings. observed a blue rug torn in owls

88- observed not 8 inch absorb material under swings

102- 1 care plan missing for Epi Pen and 1 authorization Medication form missing for Epi-Pen for 1 child

49- Lead water test expired 4/9/21. Send copy to Agency

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: *Sha Kellen*
(OEC Representative)
Print Name: Kellen

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Teresa Green*
(Person in Charge)
Print Name: Teresa Green

OEC BY: Aug 4, 2023