

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|---|--|------------------------------------|------------------------------|
| Program Name: <u>Tiny Sprouts Playhouse</u> | License Number: <u>pending</u> | Date of Inspection: <u>7/26/23</u> | Time of Arrival: <u>11A</u> |
| Address: <u>327 Huntington Street</u> | Expiration Date: <u>pending</u> | Licensed Capacity: <u>Ma</u> | Under 3 Capacity: <u>119</u> |
| Town: <u>New London</u> | Telephone: <u>(860) 699 0455</u> | # of children present: <u>0</u> | # of staff present: <u>3</u> |
| Operator: <u>Tiny Sprouts Playhouse LLC</u> | Director: <u>Stephanie Davis</u> | | |
| Email: <u>tinysproutsplayhouse@gmail.com</u> | Head Teacher: <u>Evelyn Carcia</u> | | |
| Hours of Operation: <u>M-F 6am-4pm</u> | Summer Care: <u>open</u> | | |
| Ages Served: <u>6 weeks - 36 months</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 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: 4/6-23

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: 3/31/23

10. OEC Complaint Procedure

11. Food Service Certificate Date: 1/19

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: 6/23 Results: out of timeframe

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 | <input type="checkbox"/> | <input type="checkbox"/> |

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: 3/31/23

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: <u>Carolynne DeLoreto</u> | Written Corrective Action Plan Due to OEC by: <u>8/9/23 ASAP</u> | Signature of Person in Charge: <u>Stephanie Davis</u> |
|--|--|---|

Print name: Carolynne DeLoreto Fleckenman Stephanie Davis

CHILD CARE CENTER/GROUP INSPECTION FORM

| | | |
|---|---|--|
| <p>Program Name: <i>Tiny Sprouts Playhouse</i></p> | <p>License Number: <i>pending</i></p> | <p>Date of Inspection: <i>7-26-23</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 <i>none</i></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 <i>none</i></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>Carolynno Delorety Miller</i></p> | <p>Written Corrective Action Plan Due to OEC by: <i>8/9/23 ASAP</i></p> | <p>Signature of Person in Charge <i>Stephanie Davis</i></p> |
| <p>Print Name: <i>Carolynno Delorety Miller</i></p> | <p>Print Name: <i>Stephanie Davis</i></p> | |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Sprouts Playhouse License # Pending Date: 7-26-23

Observations/Corrections needed:

- 45. observed bookcase not secure in Beansprouts
- 69. observed water stained ceiling tiles in sweet pea and sweet pea hallway
- 75. observed exposed light bulbs in sweet pea bathroom
- 76. observed cleaning supplies not locked under sink in Beansprouts
- 133. observed plastic stored in changing table drawers.

measurements (see attached square footage report)
 3 child bathrooms plus 1 staff (4 toilets 6 sinks)
 2 classrooms: Sweet pea (2nd floor) OK for 8 ↓ 3
 Beansprouts (1st floor) OK for 8 ↓ 3
 TOTAL CAPACITY: 16

Discussed: shared space with the church. Discussed making sure classrooms are in compliance on Monday morning for the week.

Program may look to expand to use the large meeting room and an additional classroom on the first floor at a future date.

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: *Carlyne DeWorst*
(OEC Representative)
 Print Name: Carlyne DeWorst/Kreterman

Signature: *Stephanie Davis*
(Person in Charge)
 Print Name: Stephanie Davis

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: ASAP

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

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

Tiny Sprouts Playhouse
(Name of Program)

pending
(License Number)

7-26-23
(Date of Measurements)

INDOOR SPACE

Room: Sweet peas : (9 x 31.88) + (____ x ____) + (____ x ____) + (____ x ____) = 291.88
(Name/Number)

Totals 291.88 Minus _____

Under 3
YES/NO Deduction: (433 x 1.15) + (____ x ____) + (____ x ____) + (____ x ____) = 7.57
Totals 7.57

Description sink/fridge

Total 284.32 ÷ 35/30 = 8.12 OK for 8 children

Room: Beansprouts : (27.33 x 17.25) + (17 x ____) + (____ x ____) + (____ x ____) = 471.44
(Name/Number)

Totals _____ Minus _____

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

Description _____

Total 471.44 ÷ 35/30 = 13.469 OK for 8 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)

Trinity Sports Playhouse
(Name of Program)

pendug
(License Number)

7-26-23
(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: (1985 x 3983) + (_____ x _____) + (_____ x _____) = _____ ÷ 75 = 789.82

Under 3 Totals: 309.82 OK for 10 children

YES/NO/BOTH

Playground 2: (_____ x _____) + (_____ x _____) + (_____ x _____) = _____ ÷ 75 = _____

Under 3 Totals: _____ OK for _____ children

YES/NO/BOTH

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

Under 3 Totals: _____ OK for _____ children

YES/NO/BOTH

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 3 Exclusive use for staff 1

*Total of sinks for children: 3

 TOTAL CAPACITY _____ INCLUDING _____ 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)