

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>West Haven Community House children + youth services - upper lang</u>	License Number: <u>pending</u>	Date of Inspection: <u>8/16/23</u> Time of Arrival: <u>1:30 pm</u>
Address: <u>227 Elm St</u>	Expiration Date: <u>pending</u>	Licensed Capacity: <u>pending</u> Under 3 Capacity: <u>0</u>
Town: <u>West Haven 06516</u>	Telephone: <u>203-934-5221</u>	# of children present: <u>—</u> # of staff present: <u>—</u>
Operator: <u>West Haven Community House Association</u>	Director: <u>Carol James</u>	
Email: <u>Caroljames@whcommunityhouse.org</u>	Head Teacher: <u>Gumayma Azabi</u>	
Hours of Operation: <u>7:00am - 9:00am M-F 2:00pm - 6:00pm M-F</u>	Summer Care: <u>open</u>	
Ages Served: <u>3yrs - 12yrs.</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input 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
 1. Local Health Date: 8/23/23 8/8/23

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: 7/31/23
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: —
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: 2/17/19 Results: .6
 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 type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input 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: 7/7/23 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>Fil M. Montanye</u>	Written Corrective Action Plan Due to OEC by: <u>prior to approval</u>	Signature of Person in Charge: <u>Christina DeLaCueva</u>
Print name: <u>Fil M. Montanye</u>		Print name: <u>Christina DeLaCueva</u> <u>Vanessa Torres</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Haven Community House children + Youth Services - upper lang. License # pending Date: 8/16/23

Observations/Corrections needed:

- see measurement on page attached
- policy review conducted at visit. see attached

Discussion

* director and all staff being used at site to be on BCIS Roster. Staff is current (director + Assistant), just not on roster. Main staff is current on roster.

* outdoor space exceeds licensed capacity. vast area was inspected during this visit

- 2 toilets 2 sinks for children
- 1 staff bathroom located downstairs

- all local approvals on site

max capacity is 32

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: [Signature]
(OEC Representative)
Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to approval

Signature: [Signature]
(Person in Charge)
Print Name: Christina DelaCueva / Vanessa Torres