

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: Sound Beach Day School License Number: 70323 Date of Inspection: 9/12/23 Time of Arrival: 11:

Address: 535 Fairfield Avenue Expiration Date: 9-30-24 Licensed Capacity: 56 Under 3 Capacity: 16

Town: Stamford, Ct. 06902 Telephone: (203) 569-7546 # of children present: 37 # of staff present: 13

Operator: Sound Beach Day School LLC Director: Lee Longo Head Teacher: Krista Longo

Email: lee.longo.sbds@gmail.com Summer Care: Yes M-F 9am-12pm

Hours of Operation: M-F 8am-530pm Instruction Codes: N/A = Not applicable at this time  
√ = Compliance/No violation found 0 = Non-compliance/Violation found

Ages Served: 18 months - 5 years Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**Licensure Procedures 19a-79-2a**

- 1. Local Health Date: 10.4.23 (TK)
- 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: 8.24.23
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 0.3-1.4 Results: 11.6.13
- 15a. Developmental Milestones PO/L

**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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified

Signature of OEC Representative:

Terrri K Roberts  
Print name: Terrri K Roberts

Written Corrective Action Plan Due to OEC by:

Signature of Person in Charge:

[Signature]  
9/12/23

**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: 9.26.22  
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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sound Beach Day School License # 70323 Date: 9/12/23

Observations/Corrections needed:

S- 19a-79-3a(a) 1 staff providing direct care to children has not submitted a background <sup>check</sup>.

7- Incomplete for staff, some signed in/out others not, Children's attendance missing dates.

12- Not posted

18b- 3 staff providing <sup>direct</sup> care to children as observed confirmed and are in "needs bc" status.

~~14- Not posted at entrance~~

16- 2 expired and 1 not available for review <sup>1 staff (TR)</sup>

17- 7 had no number of required hours listed and 1 record not available for review of 10

19- No documentation available to verify

23- Not available for review

27- 2 of 4 not available for review

62- No paper towels in 2 hallway bathrooms for children and 1 hallway children's bathroom had no soap.

74- Measured 32, 35 and 37 foot candles in close work table in basement classroom and 41 foot candles in 2's room, playdo table

102- 2 written authorizations expired of 2 and <sup>(TR)</sup> some <sup>TR</sup> missing parent <sup>signature</sup>

Discussed: Program to submit local health approval for dish washing

Required postings not in a conspicuous place

Specific written permission forms signed by the parent

Documentation that behavior management was "discussed" with parent prior to enrollment

1 Branch protruding on playground at children's level

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:

*A. Roberts*  
(OEC Representative)

Signature:

*[Signature]*

# CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:

*Sound Beach Day School*

License Number:

*70323*

Date of Inspection:

*9/12/23*

**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
- 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

*No one currently enrolled*

Signature of OEC Representative

*[Signature]*

Written Corrective Action Plan

Due to OEC by: *9.26.23*

Signature of Person in Charge

*[Signature]*