

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Playland Nursery School - Brown License Number: 12601 Date of Inspection: 10/13/23 Time of Arrival: _____

Address: 800-802 Ponus Ridge Expiration Date: 5.31.25 Licensed Capacity: 48 Under 3 Capacity: _____

Town: New Canaan, Ct. 06840 Telephone: (203) 966-2937 # of children present: 33 # of staff present: _____

Operator: Sywal Corp. Director: Kathy Lopes Head Teacher: Kivianna Torres

Email: kathy@campplayland.com Summer Care: No

Hours of Operation: M-F 9am-1:55pm and F 9am-12

Ages Served: 2-5 years

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

Instruction Codes: N/A = Not applicable at this time
√ = Compliance/No violation found O = Non-compliance/Violation found

Licensure Procedures 19a-79-2a

- 1. Local Health Date: 11.28.22
- 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: 5-10-23
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 1-12-94 Results: 2.1 pci/l
- 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 checked="" type="checkbox"/>	<input checked="" 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 2-22-22
- 49. Lead Water Test Date: _____
Bacterial/Chemical Test (Y/N) Date: 11.14.22
- 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: J. R. Roberts Written Corrective Action Plan Due to OEC by: 10.27.23 Signature of Person in Charge: Kathy Lopes

Print name: Torres & Roberts Print name: Kathy Lopes

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Lowland Nursery School - Brown

License Number: 17601

Date of Inspection: 10/13/23

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)
 - 91. Lead Management Plan (Y/N)
 - 92. Equipment Anchored/Safely Arranged
 - 93. Outdoor Play Area Protected/Fenced
 - 94. Drinking Water Available/Accessible

General 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
- Prescription Topical Medications
- 99. Administration/Parent Permission/MAR
 - 100. Labeling/Storage
- Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
 - 102. Authorized Prescriber/Parent Permission/MAR
 - 103. Labeling/Storage
 - 104. Unused/Expired Meds Returned/Disposed
- Medication Administration
- 105. Authorized Prescriber/Parent Permission/MAR
 - 106. Labeling/Storage
 - 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- 108. KI Pills Parent Permission/Storage

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

Name of OEC Representative

K. Roberts
Tammi R Roberts

Written Corrective Action Plan

Due to OEC by: 10.27.23

Signature of Person in Charge

Kathy Lopes

Print Name: Kathy Lopes

