

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: <u>Rise and Shine</u>	License Number: <u>15021</u>	Date of Inspection: <u>12/23</u>	Time of Arrival: <u>9:15</u>																		
Address: <u>40 DeForest Street</u>	Expiration Date: <u>2/28/26</u>	Licensed Capacity: <u>24</u>	Under 3 Capacity: <u>8</u>																		
City: <u>Watertown</u>	Telephone: <u>860 945-3101</u>	# of children present: <u>7</u>	# of staff present: <u>2</u>																		
Operator: <u>Rise and Shine Nursery School LLC</u>	Director: <u>Amy Mordarski</u>																				
Email: <u>achy2@gmail.com</u>	Head Teacher: <u>Amy Mordarski</u>																				
Hours of Operation: <u>9-12:00 M-F</u>	Summer Care: <u>Closed</u>																				
Ages Served: <u>2 to 5</u>	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found																				
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: <u>10/16/23</u> 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: <u>11/8/22</u> ☒ 10. OEC Complaint Procedure ☒ 11. Food Service Certificate Date: <u>n/a</u> ☒ 12. Menus ☒ 13. Emergency Plans ☒ 14. No Smoking Signs ☒ 15. Radon Test (Y/N) Date: _____ Results: <u>n/a</u> ☒ 15a. Developmental Milestones Staffing 19a-79-4a ☒ 16. Staff Health Records/TB Tests J F ☒ 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) <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>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Social Service</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dental</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td><u>n/a</u></td> <td><u>n/a</u></td> </tr> </tbody> </table>			Contracts	Logs	Education	✓	✓	Health	✓	✓	Social Service	✓	✓	Dental	✓	✓	Dietitian	<u>n/a</u>	<u>n/a</u>	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: <u>9/25/23</u> Bacterial/Chemical Test (Y/N) Date: <u>n/a</u> ☒ 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	
	Contracts	Logs																			
Education	✓	✓																			
Health	✓	✓																			
Social Service	✓	✓																			
Dental	✓	✓																			
Dietitian	<u>n/a</u>	<u>n/a</u>																			

Signature of OEC Representative:

Jaime Fortin
Print name: Jaime Fortin

Written Corrective Action Plan Due to OEC by: 11/16/23

Signature of Person in Charge:

Amy Mordarski
Print name: Amy Mordarski

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <u>Rise and Shine</u>		License Number: <u>15021</u>	Date of Inspection: <u>11/2/23</u>
<u>Physical Plant continued:</u> ☒ 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 <u>Outdoor Space</u> ☒ 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 <u>Educational Requirements 19a-79-8a</u> ☒ 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 <u>Administration of Medications 19a-79-9a</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization		<u>Under Three Endorsement 19a-79-10</u> ☒ 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 <u>Outdoor Play Space-Under Three:</u> ☒ 141. Play Space Fenced ☒ 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> ☒ 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 <u>Monitoring of Diabetes 19a-79-13</u> ☒ 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 <u>Jame Fortin</u>		Written Corrective Action Plan Due to OEC by: <u>11/16/23</u>	Signature of Person in Charge <u>Amy Mordarski</u>

Print Name: Jame Fortin

Print Name: Amy Mordarski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rise and ShineLicense # 15021Date: 11/2/23

Observations/Corrections needed:

Currently enrolled: Infants 0 toddlers 6 preschoolers 10 13

- ③ annual policy training not observed
- ⑫ Menu^s not posted
- ⑫ Education Consultant not approved

Discussed: ctregistry.org for Education application + also
to add staff.
Elevate.

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: Jaimo Fortin

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Amy Modesti

(Person in Charge)

OEC BY: 11/16/23