

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

|  |   |   |
|--|---|---|
| Program Name: <u>Children's Ctr Greater Wtby</u> | License Number: <u>15747</u>            | Date of Inspection: <u>11/8/23</u> Time of Arrival: <u>8:45</u> |
| Address: <u>172 Grandview Ave</u>                | Expiration Date: <u>2/28/26</u>         | Licensed Capacity: <u>146</u> Under 3 Capacity: <u>32</u>       |
| Town: <u>Waterbury</u>                           | Telephone: <u>2034378969</u>            | # of children present: <u>63</u> # of staff present: <u>20</u>  |
| Operator: <u>Childrens Center - Easter Seal</u>  | Director: <u>Gail Gatling - Ellison</u> |   |
| Email: <u>ggatling-ellison@eswct.com</u>         | Head Teacher: <u>April Alston-Fein</u>  |   |
| Hours of Operation: <u>7-5:00 pm</u>             | Summer Care: <u>Open</u>                |   |

Ages Served: 6wks to 7 years

Instruction Codes: N/A = Not applicable at this time  
 = Compliance/No violation found  = 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: 6/1/21

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: 6/1/23  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: 12/31/23/XP  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: 2/17/15 Results: 7  
 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  
 49. Lead Water Test Date: 12/22/21  
 Bacterial/Chemical Test (Y/N) Date: n/a  
 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:<br><u>Jayne Fortin</u> | Written Corrective Action Plan Due to OEC by: <u>11/22/23</u> | Signature of Person in Charge:<br><u>Gail Gatling</u> |
| Print name: <u>Jayne Fortin</u>                         |   | Print name: <u>Gail Gatling - Ellison</u>             |

Post for 30  
Operating  
Days

### CHILD CARE CENTER/GROUP INSPECTION FORM

|  |   |   |
|--|---|---|
| Program Name: <u>Children's Ctr Greater Wtby</u>   | License Number: <u>15747</u>  | Date of Inspection: <u>11/8/23</u>  |
| <u>Physical Plant continued:</u><br><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°<br><input checked="" type="checkbox"/> 68. Portable Space Heaters<br><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair<br><input checked="" type="checkbox"/> 70. Rugs Secure<br><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected<br><input checked="" type="checkbox"/> 72. Working Phone on Each Level<br><input checked="" type="checkbox"/> 73. Emergency Numbers Posted<br><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet<br><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof<br><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked<br><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily<br><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails<br><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)<br><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)<br><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child<br><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic<br><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number<br><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials<br><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)<br><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise<br><br><u>Outdoor Space</u><br><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child<br><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment<br><input checked="" type="checkbox"/> 89. Playground Free from Hazards<br><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)<br><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged<br><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced<br><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible<br><br><u>Educational Requirements 19a-79-8a</u><br><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff<br><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/<br>Flexible/Meets Individual Needs<br>Program Includes: Indoor/Outdoor, Gross/Fine<br>Motor Skills, Snacks/Meals,<br>Rest/Sleep/Quiet Time,<br>Toileting and Clean Up<br><br><u>Administration of Medications 19a-79-9a</u><br><input checked="" type="checkbox"/> 97. Written Policies/Procedures<br><input checked="" type="checkbox"/> 98. Training Outline on file<br><u>Nonprescription Topical Medications</u><br><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR<br><input checked="" type="checkbox"/> 100. Labeling/Storage<br><u>Oral/Topical/Inhalant/Injectable Medications</u><br><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates<br><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 103. Labeling/Storage<br><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed<br><u>Self-Administration</u><br><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR<br><input checked="" type="checkbox"/> 106. Labeling/Storage<br><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization | <u>Under Three Endorsement 19a-79-10</u><br><input checked="" type="checkbox"/> 109. Approved Endorsement<br><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children<br><input checked="" type="checkbox"/> 111. Group Size no Larger than 8<br><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)<br><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space<br><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs<br><input checked="" type="checkbox"/> 115. Washable Cots<br><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray<br><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment<br><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities<br><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use<br><input checked="" type="checkbox"/> 120. Washed/Disinfected<br><input checked="" type="checkbox"/> 121. Disposable Paper Sheets<br><input checked="" type="checkbox"/> 122. Covered Waste Receptacle<br><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted<br><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted<br><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected<br><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N)<br><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping<br><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards<br><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily<br><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter<br><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible<br><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits<br><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time<br><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent<br><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded<br><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing<br><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served<br><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name<br><br><u>Outdoor Play Space-Under Three:</u><br><input checked="" type="checkbox"/> 141. Play Space Fenced<br><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate<br><u>School Age Children Endorsement 19a-79-11</u><br><input checked="" type="checkbox"/> 143. Approved Endorsement<br><input checked="" type="checkbox"/> 144. Activity choices appropriate<br><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children<br><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children<br><input checked="" type="checkbox"/> 147. Education Consultant Appropriate<br><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u><br><input checked="" type="checkbox"/> 148. Approved Endorsement<br><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision<br><input checked="" type="checkbox"/> 150. Staff Awake/Available<br><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel<br><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items<br><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly<br><u>Monitoring of Diabetes 19a-79-13 n/a</u><br><input checked="" type="checkbox"/> 154. Written Policies/Procedures<br><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing<br><input checked="" type="checkbox"/> 156. Training Current/Documented<br><input checked="" type="checkbox"/> 157. Supervision of Self Administration<br><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible<br><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment<br><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately<br><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken<br><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications |   |
| Signature of OEC Representative<br><u>Jaime Fortin</u><br>Print Name: <u>Jaime Fortin</u>  | Written Corrective Action Plan<br>Due to OEC by:<br><u>11/22/23</u>   | Signature of Person in Charge<br><u>Gail Gating</u><br>Print Name: <u>Gail Gating-Ellis</u> |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Center of Greater Wlby License # 15747 Date: 11/8/23

Observations/Corrections needed:

(27) Annual policy review not observed from social service and dietitian consultant

(38) (3) Care plans not signed by all staff responsible for care of child

(11a) Physical Barriers not observed between, under 3 playgrounds and preschool playground.

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: Jama Fortin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Dul Gatling  
(Person in Charge)

OEC BY: 11/22/23