



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	K J'S EAGLES NEST LEARNING CENTER				License Number	DCCC.70566	Date of Inspection	12/18/2023		
					Expiration Date	9/30/2024	Time of Inspection	01:26 PM		
Address	553 PLANK RD WATERBURY CT 06705-2654				Telephone	(475) 233-2918	Licensed Capacity	44		
					Hours of Operation	M-F 7:30am - 5:30pm	Infant/Toddler Capacity	24		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	kjseaglesnest@gmail.com				
Operator	K J'S EAGLES NEST LEARNING CENTER LLC				Name of Inspector	Kristi Morgan				
Director	LISA FORTIER				Inspector's Email	kristi.morgan@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	14	# of Total Children Present	20	# of Staff Present	7	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 06/20/2023	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
O	3. Annual Staff Policy Training	Failed to maintain documentation for the annual training of policies, plans and procedures for 1 staff.
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
	9. Fire Marshal certificate	
	Date	01/20/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	03/16/20	1.7
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
○	16. Staff Health records – TB tests	Failed to maintain current medical statements for 2 staff; no documentation of negative TB test for 1 staff.
○	17. Professional development	Failed to document professional development for 1 staff.
X	18. Disciplinary actions	
X	18b. Background checks	

X	19. Designated Head Teacher					
X	20. Two Staff present					
X	20a. Staff Qualities					
X	21. Ratio: 1 staff to 10 children					
X	21b. Supervision					
X	22. Group Size – maximum 20 children					
X	23. Designated director - Training					
X	24. CPR Certified Staff (Group Home N/A)					
X	25. First Aid Trained Staff					
X	26. Consultants- Agreements and Contracts					
X	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
	Contracts					
	Logs					
	Do they take children swimming?	N SWIMMING				
X	28. Non-swimmers identified					
X	29. Staff/Child Ratios					
X	30. CPR certified staff (20 years of age)					
X	31. Lifeguard certified - supervision					
RECORD KEEPING 19a-79-5a						
X	32. Enrollment information					
X	33. Emergency medical permission					
X	34. Authorized release permission					
X	35. Field trip permission					
X	36. Transportation permission					

X	37. Child health records and immunizations	
O	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for 1 child diagnosed with asthma.
X	39. Injury, Illness, Accident reports	
HEALTH AND SAFETY 19a-79-6a		
X	40. Nutritious snacks and meals (required food groups)	
X	41. Proper refrigeration (max 45°)	
X	42. Kitchen separated	N/A?
X	43. Hand washing – before eating or food handling	
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	
PHYSICAL PLANT 19a-79-7a		
O	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services. Observed the school age refrigerator soiled; 3 stained ceiling tiles in the school age room and 2 tiles not in place, radiator in disrepair in the school age room exposing heating elements and sharp pieces.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 12/12/2023	Bacterial/Chemical Test (N/A?) X
X	50. Walkways maintained	
X	51. Designated staff toilet/sink	
X	52. All openings for ventilation screened	
X	53. Windows protected to prevent falls	
X	54. Glass protected up to 36"	
X	55. Overhead doors – locking devices, spring protectors	
X	56. Exits, Hallways and Stairs unobstructed	

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
O	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees when sink in children's bathroom upstairs measured at 48 degrees.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails		
X	79. Pets – maintained, care plan	Y/N N	
X	80. Operable CO detector on each level	N/A? Y	
X	81. Program space-adequate square footage per child		
X	82. Equipment clean, good repair, safe, non-toxic		
X	83. Cots stored, maintained, adequate number		
X	84. Developmentally appropriate equipment		
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N	
X	86. No weapons, no facsimile of a firearm on premises		
OUTDOOR SPACE			
X	87. Outdoor space - adequate square footage per child		
X	88. Impact absorbing material under equipment		
X	89. Playground free from hazards		
X	92. Equipment anchored, safely arranged		
X	93. Outdoor play area protected, fenced		
X	94. Drinking water available, accessible		
EDUCATIONAL REQUIREMENTS 19a-79-8a			
X	95. Written plan for daily program available to parents/staff		
X	96. Schedule – Activity choices and Program	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			
X	97. Written policies, procedures		
X	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS						
<input type="radio"/>	99. Administration, parent permission, MAR	Failed to maintain written parent permission for medication when 3 forms were missing start and/or end dates.				
<input type="radio"/>	100. Labeling, storage	Failed to maintain proper labeling of medication when 3 topical ointments were not labeled				
ORAL/TOPICAL/INHALENT MEDICATIONS						
<input checked="" type="checkbox"/>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table>	O/T/I	Injectable	Y	N	
O/T/I	Injectable					
Y	N					
<input checked="" type="checkbox"/>	102. Authorized prescriber, parent permission, MAR					
<input checked="" type="checkbox"/>	103. Labeling, storage					
<input checked="" type="checkbox"/>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<input checked="" type="checkbox"/>	105. Authorized prescriber, parent permission, MAR					
<input checked="" type="checkbox"/>	106. Labeling, storage					
<input checked="" type="checkbox"/>	107. Approved petition for special medication authorization					
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
<input checked="" type="checkbox"/>	109. Approved endorsement					
<input checked="" type="checkbox"/>	110. Ratio: 1 staff to 4 children					
<input checked="" type="checkbox"/>	111. Group size: no larger than 8					
<input checked="" type="checkbox"/>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<input type="radio"/>	113. Adequate sinks in program space	Failed to designate sinks for diaper changing and hand washing of staff and children when 1 sinks were observed to be used for purposes other than handwashing.				
<input checked="" type="checkbox"/>	114. Free standing, well-constructed, safe cribs					
<input checked="" type="checkbox"/>	115. Washable cots					
<input checked="" type="checkbox"/>	116. Chairs for feeding, stable, safety straps, locking tray					
<input checked="" type="checkbox"/>	117. Developmentally appropriate tables, chairs, equipment					
<input checked="" type="checkbox"/>	118. Refrigerators and food prop facilities					

X	119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
X	120. Diaper area- washed, disinfected			
X	121. Diaper area- disposable paper sheets			
X	122. Covered waste receptacle			
X	123. Diaper changing policy posted, followed			
X	124. Hand washing policy posted, followed			
X	125. Individual storage of personal items			
X	126. Cribs/cots washed and disinfected			
X	127. Under 12 months- placed on back for sleeping			
X	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			X	
X	129. Crib, bed used for infant sleeping			
X	130. Crib, bed free from observable hazards			
X	131. Infant toys separate, washed, disinfected daily			
X	132. No toys, objects less than 1/1/4" diameter			
X	133. Plastic bags, balloons, Styrofoam objects inaccessible			
X	134. Health consultant, doc. of visits			
X	135. Infants held for bottles, indiv. attention, tummy time			
O	136. Written statement, feeding schedule from parent	Failed to maintain a written statement specifying the feeding schedule for infants.		
X	137. Unused portions of liquids discarded			
X	138. Clean Bottles, disp. bottles, approved bottle washing			
X	139. Food served from dish or whole jar served			
X	140. Bottles individually identified with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	




<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

1. Observed swiffer cleaner on top of refrigerator unlocked.
2. Observed 1 expired diaper cream.
3. Handwash only sink in 2 under 3 classrooms not clearly divided.

COMMENTS:

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Kristi Morgan (Printed Name)	 (Printed Name)	01/01/2024	Lisa Fortier (Printed Name)