



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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	PARK NURSERY SCHOOL				License Number	DCCC.12202	Date of Inspection	01/02/2024		
					Expiration Date	11/30/2024	Time of Inspection	09:34 AM		
Address	283 BROADWAY				Telephone	(860) 204-2755	Licensed Capacity	21		
	NORWICH CT 06360				Hours of Operation	MTW 8:30 a.m. to 1:30 p.m. ThursF 8:30 a.m. to 11 a.m.	Infant/Toddler Capacity	0		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Closed		
New Address					Minimum Age Served	3 years	Maximum Age Served	5 years	Water Supply	Public Water
					Program's Email	parknurseryschool@gmail.com				
Operator	PARK NURSERY SCHOOL- BOARD OF DIRECTORS				Name of Inspector	Carolynne DeLoreto				
Director	WENDY FITCH				Inspector's Email	carolynne.deloreto@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	0	# of Total Children Present	12	# of Staff Present	2	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 09/12/2023	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
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	
X	9. Fire Marshal certificate	
	Date	08/22/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
O	13. Emergency plans	Failed to post emergency weather plans.
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	03/25/19	2.2
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
X	16. Staff Health records – TB tests	
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																													
<input checked="" type="checkbox"/>	20. Two Staff present																													
<input checked="" type="checkbox"/>	20a. Staff Qualities																													
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																													
<input checked="" type="checkbox"/>	21b. Supervision																													
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children																													
<input checked="" type="checkbox"/>	23. Designated director - Training																													
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																													
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																													
<input type="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for education consultant.																												
<input type="radio"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs.																												
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician</th> <th>N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td><input type="radio"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td><input type="radio"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician	N/A?	X	<input type="radio"/>							Contracts	<input type="radio"/>						Logs	<input type="radio"/>					
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Contracts	<input type="radio"/>																													
Logs	<input type="radio"/>																													
	Do they take children swimming?	N SWIMMING																												
<input checked="" type="checkbox"/>	28. Non-swimmers identified																													
<input checked="" type="checkbox"/>	29. Staff/Child Ratios																													
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																													
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																													
RECORD KEEPING 19a-79-5a																														
<input checked="" type="checkbox"/>	32. Enrollment information																													
<input checked="" type="checkbox"/>	33. Emergency medical permission																													
<input checked="" type="checkbox"/>	34. Authorized release permission																													
<input checked="" type="checkbox"/>	35. Field trip permission																													
<input checked="" type="checkbox"/>	36. Transportation permission																													

X	37. Child health records and immunizations		
X	38. Individual care plan (signed by parents and staff)		
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 when bathroom ceiling vents are very dusty.	
X	47b. Plans for new construction, expansion, renovation or conversion		
X	48. Sanitary drinking fountains – disposable cups		
X	49. Lead Water Test (N/A?) 02/23/2022	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	
X	67. Water temperature 60° – 115°	
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						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">N</td> <td style="text-align: center; padding: 2px;">N</td> </tr> </table>	O/T/I	Injectable	N	N	
O/T/I	Injectable					
N	N					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
No	Is there an approved endorsement?	INFANT/TODDLER 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 and 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. Developmentally appropriate tables, chairs, equipment					
	118. Refrigerators and food prep facilities					

119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
120. Diaper area- washed, disinfected			
121. Diaper area- disposable paper sheets			
122. Covered waste receptacle			
123. Diaper changing policy posted, followed			
124. Hand washing policy posted, followed			
125. Individual storage of personal items			
126. Cribs/cots washed and disinfected			
127. Under 12 months- placed on back for sleeping			
128. Alternate sleep position- equipment, medical documentation	Yes	No	
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, doc. of visits			
135. Infants held for bottles, indiv. attention, 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 with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
No	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	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	



YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

Program to develop and post lockdown and shelter in place emergency plans.

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 Person in Charge)
Carolynne DeLoreto (Printed Name)	Wendy Fitch " (Printed Name)

DATE
CORRECTIONS
DUE BY:

01/16/2024