



DIVISION OF LICENSING

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 Email: ocelicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	EARTHPLACE PRESCHOOL				License Number	DCCC.12756	Date of Inspection	02/08/2024		
					Expiration Date	5/31/2025	Time of Inspection	09:12 AM		
Address	10 WOODSIDE LN				Telephone	(203) 557-4400	Licensed Capacity	131		
	WESTPORT CT 06880-2322				Hours of Operation	MONDAY-FRIDAY 8:00AM-6:00	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	15 years	Water Supply	Public Water
					Program's Email	a.ciardi@earthplace.org				
Operator	EARTHPLACE INC				Name of Inspector	Cathy Anderson				
Director	AMANDA CIARDI				Inspector's Email	catherine.anderson@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	22	# of Total Children Present	80	# of Staff Present	26	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 03/18/2022	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

O	1b. Administration	(a)Failed to ensure the safety, health and development of the children when observed 2 care plans have medication dosages that do not match the medication dosage on the medication forms.
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	

<input type="radio"/>	5. Notification of Change	Failed to provide notification of change of personnel changes when observed the program has a new education consultant. Please email change form.	
<input checked="" type="checkbox"/>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time	
<input checked="" type="checkbox"/>	7. Daily Attendance Records- staff and children		
ITEMS POSTED – ACCESSIBLE			
<input checked="" type="checkbox"/>	8. License		
<input checked="" type="checkbox"/>	9. Fire Marshal certificate		
	Date	02/09/2023	
<input checked="" type="checkbox"/>	10. OEC Complaint procedure		
	11. Food Service Certificate	<u>N/A?</u>	
	Date	X	
<input checked="" type="checkbox"/>	12. Menus		
<input checked="" type="checkbox"/>	13. Emergency plans		
<input checked="" type="checkbox"/>	14. No Smoking Signs		
<input checked="" type="checkbox"/>	15. Radon Test	<u>N/A?</u>	
	Date	Results	
	01/19/19	1.2	
<input checked="" type="checkbox"/>	15a. Developmental Milestones		
<input checked="" type="checkbox"/>	15b. Access		
<input checked="" type="checkbox"/>	15bb. Endorsements		
STAFFING 19a-79-4a			
<input checked="" type="checkbox"/>	15c. Staffing		
<input checked="" type="checkbox"/>	16. Staff Health records – TB tests		
<input type="radio"/>	17. Professional development	Failed to document annual policy and procedure training for 4 out of 8 staff.	
<input checked="" type="checkbox"/>	18. Disciplinary actions		
<input type="radio"/>	18b. Background checks	Failed to ensure staff have completed background checks when observed 3 staff who are working with children.	

X	37. Child health records and immunizations	
O	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when observed 13 care plans are not signed by parents and the staff who responsible for the children.
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 and equipment when observed:Owls-radiator detached and radio on table with cord not secured.Meadow Larks-2 scrappers that are sharp in a low drawer.Chickadee Foyer-ladder leaning against wall.Orioles-many bags piled high on cubbies and the dramatic play wooden furniture are not secured.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 01/24/2024	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 Y
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	
O	89. Playground free from hazards	Failed to ensure that screws are covered or protected on the gate when observed 2 long screws are protruding on the gate at children's level. Failed to ensure the playground is free of hazards when observed the wooden fence is splintering on the bottom of slats and areas of the slats are broke or missing.
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 for 5 diaper creams.
<input checked="" type="checkbox"/>	100. Labeling, storage	

ORAL/TOPICAL/INHALENT MEDICATIONS

<input checked="" type="checkbox"/>	101. Med trained staff, certificates O/T/I Injectable Y Y	
<input type="radio"/>	102. Authorized prescriber, parent permission, MAR	Failed to maintain complete written orders when observed 5 forms were missing children addresses. Failed to maintain written parent permission for medication when observed 4 forms have the parent section not complete.
<input type="radio"/>	103. Labeling, storage	Failed to maintain proper labeling of medication when observed 3 Benadryls are not labeled with the child's name and 1 Auvi Q does not have a prescription label.
<input type="radio"/>	104. Unused, expired meds returned/disposed	Failed to ensure that expired medication is destroyed or returned to the parent when observed 1 Benadryl expired on 11/30/2023 and 1 Benadryl expired on 1/31/2024.

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	

INFANT/TODDLER ENDORSEMENT 19a-79-10

Yes	Is there an approved endorsement?	
<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 checked="" type="checkbox"/>	113. Adequate sinks in program space	
<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 prep 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 X	No	
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			
X	136. Written statement, feeding schedule from parent			
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	
Y	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	


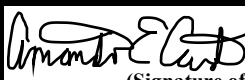
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

1 out of 11 child health records has the chronic illness section not complete.

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)	DATE CORRECTIONS DUE BY:
Cathy Anderson (Printed Name)	Amanda E. Ciardi (Printed Name)	02/22/2024