



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 | GREAT BEGINNINGS- COOKE STREET | | | | License Number | DCCC.12480 | | Date of Inspection | 04/15/2024 | |
| | | | | | Expiration Date | 5/31/2025 | | Time of Inspection | 09:15 AM | |
| Address | 15 COOKE ST PLAINVILLE CT 06062-1801 | | | | Telephone | (860) 747-1670 | | Licensed Capacity | 48 | |
| | | | | | Hours of Operation | M-F 6:30AM-6:00PM | | Infant/Toddler Capacity | 48 | |
| Is this a Change of Address? | Yes? | | No? | X | | | | Summer Care | Open | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 3 years | Water Supply | Public Water |
| | | | | | Program's Email | gbeginnings@msn.com | | | | |
| Operator | KAREN C SHACKFORD | | | | Name of Inspector | Betty Mayer | | | | |
| Director | KAREN C SHACKFORD | | | | Inspector's Email | elizabeth.mayer@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 42 | # of Total Children Present | 42 | # of Staff Present | 12 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|---|--|
| X | 1. Local Health Inspection | |
| | Date: 04/29/2022 | |
| 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 | |

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|----------------------------------|---|---|
| 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 | |
| O | 9. Fire Marshal certificate | Failed to maintain a current fire marshal inspection when observed expired fire marshal certificate posted. |
| | Date | 10/20/2021 |
| X | 10. OEC Complaint procedure | |
| | 11. Food Service Certificate | N/A? |
| | Date | X |
| O | 12. Menus | Failed to post menus in a conspicuous location when cereal and milk are being served daily. No menu posted. |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | Results |
| | 03/07/1995 | 1.2 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| O | 17. Professional development | Failed to document professional development when unable to verify staff have completed 1% of annual hours worked for professional development for 2023. |
| 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 | | | | | |

| | | | |
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| 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 three care plans for children with medication missing all appropriate staff signatures. | |
| 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 | | |
| O | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | Failed to maintain at least one portable, readily available first aid kit for outdoors. . Failed to maintain complete first aid kit for indoors. First aid kit missing assorted bandaids, thermometer, first aid manual, 3 and 4 inch gauze squares & two ice packs. | |
| PHYSICAL PLANT 19a-79-7a | | | |
| O | 45. License premises – clean, good repair, hazard free | Failed to maintain the building, equipment and services when observed dusty bathroom vent in Two's room, observed sticky floors and unclean rusty floor vent in two's kitchen area and observed rusty floor vent in Two's Toy room. | |
| X | 47b. Plans for new construction, expansion, renovation or conversion | | |
| X | 48. Sanitary drinking fountains – disposable cups | | |
| O | 49. Lead Water Test (N/A?) 10/18/2021 | Bacterial/Chemical Test (N/A?) X | Failed to conduct a lead water test every 2 years when observed expired lead water test. |
| 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 the playground is free of glass, debris, holes and other hazards when observed exposed tree roots posing tripping hazard. |
| O | 92. Equipment anchored, safely arranged | Failed to ensure outdoor equipment is anchored for stability when observed 4 little tykes climbers/slides unanchored. |
| 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 | | |
|-------------------------------------|--|---|
| O | 99. Administration, parent permission, MAR | Failed to maintain written parent permission for medication for four children with diaper cream. Two children with diaper cream with wrong type of cream listed on parent permission sheet. |
| 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;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table> | O/T/I | Injectable | Y | Y | |
| O/T/I | Injectable | | | | | |
| Y | Y | | | | | |
| 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 | |

| INFANT/TODDLER ENDORSEMENT 19a-79-10 | | |
|--------------------------------------|--|--|
| Yes | Is there an approved endorsement? | |
| X | 109. Approved endorsement | |
| X | 110. Ratio: 1 staff to 4 children | |
| X | 111. Group size: no larger than 8 | |
| X | 112. Physical barriers, groups of 8 (indoors and outdoors) | |
| X | 113. Adequate sinks in program space | |
| X | 114. Free standing, well-constructed, safe cribs | |
| X | 115. Washable cots | |
| X | 116. Chairs for feeding, stable, safety straps, locking tray | |
| X | 117. Developmentally appropriate tables, chairs, equipment | |
| X | 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 | 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 | | | |
| 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 | |
| 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 | |

| | | |
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| 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 | |




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|--------------------------|---|
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|

DISCUSSIONS:

Observed windex unlocked in Two's kitchen area.
 Observed holes in 2 screens in Two's toy room (windows not open).
 Face plate slightly cracked on one outlet in Sensory classroom.

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) |
| Betty Mayer (Printed Name) | (Printed Name) | 04/29/2024 | Denise J Kerns (Printed Name) |