Connecticut Office of Early Childhood

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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	QUALITY CARE DAY CARE & COOP NURSERY SCHOOL	License Number	DCCC.16051	Date of Inspection	04/19/2024
		Expiration Date	11/30/2024	Time of Inspection	08:30 AM
Address	90 HARTFORD RD SALEM CT 06420-3841	Telephone	(860) 859-2612	Licensed Capacity	46
		Hours of Operation	MONDAY-FRIDAY 6:30AM-6:00PM	Infant/Toddler Capacity	23
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 Well		
		Program's Email	charleen.collins@yahoo.com		
Operator	NINETY HARTFORD ROAD INC	Name of Inspector	Karen Kellerman		
Director	CHARLEEN M COLLINS	Inspector's Email	karen.kellerman@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants – Toddlers Present: 8	# of Total Children Present: 22	# of Staff Present: 6	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection Date: 02/28/2024	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
O	2. New Staff – Employee Orientation	Failed to provide new staff-employee orientation not observed
O	3. Annual Staff Policy Training	Failed to maintain documentation for all staff not observed
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	
O	9. Fire Marshal certificate Date 03/30/2023	Failed to maintain a current fire marshal inspection. Send copy to agency.
X	10. OEC Complaint procedure	
	11. Food Service Certificate Date	N/A? X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test Date 06/06/1994 Results 1.2	N/A?
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
O	16. Staff Health records – TB tests	Failed to maintain medical statement(s) for all staff and TBs not observed for all staff.
O	17. Professional development	Failed to document professional development for all staff not observed.
X	18. Disciplinary actions	
O	18b. Background checks	Failed to ensure staff have completed background checks. One staff by herself working with children who is work supervised.

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	
O	24. CPR Certified Staff (Group Home N/A)	Failed to ensure at least one CPR trained staff is present during all hours of operation. No CPR staff observed
O	25. First Aid Trained Staff	Failed to ensure at least one first aid trained staff is present during all operating hours, no first aid staff observed
O	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreement for nurse consultant.
X	27. Logs – Visits documented	

Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
Contracts		O			
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	
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 observed 2 dusty vents in preschool bathroom. Dirty microwave in kitchen.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
O	49. Lead Water Test (N/A?) 02/17/2022	Bacterial/Chemical Test (N/A?) 06/09/2023 — Failed to conduct a lead water test every 2 years.
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. Water temperature in preschool room bathroom measures 118.6 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	
O	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials in shady playground under 3s under the big climber and 2 small climbers (slide and small climber)
X	89. Playground free from hazards	
X	92. Equipment anchored, safely arranged	
O	93. Outdoor play area protected, fenced	Failed to ensure that barriers/fencing is four feet in height. Measured 45 1/2 in fenced area in shady playground under 3s. Right back corner.
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 current written parent permission for medication for 2 diaper creams expired in infant room. One form missing for diaper creams in infant.
X	100. Labeling, storage	
ORAL/TOPICAL/INHALENT MEDICATIONS		
O	101. Med trained staff, certificates O/T/I: N Injectable: N	Failed to ensure staff are trained in oral/topical/inhalant medications. Failed to ensure staff are trained to administer injectable medications. Not observed for any staff.
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	
Yes	Is there an approved endorsement?	**INFANT/TODDLER ENDORSEMENT 19a-79-10**
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 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**	
O	**130. Crib, bed free from observable hazards**	**Failed to ensure that soft surfaces with an infant for sleeping are safe. Observed loose sheets in 2 cribs where under 12 months old sleep.**
X	**131. Infant toys separate, washed, disinfected daily**	
X	**132. No toys, objects less than 1/1/4” diameter**	
O	**133. Plastic bags, balloons, Styrofoam objects inaccessible**	**Failed to ensure plastic bags are not accessible to children in under 3s toddler nap room under bathroom sink. Broken lock observed and plastic bags observed accessible to children.**
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	
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

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

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

DISCUSSIONS:

Enrollment date added to children's files.
Clorox wipes locked up.
Meds labeled
Director couldn't locate current staff files. Follow up needed to ensure compliance.

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)
Karen Kellerman (Printed Name)	(Printed Name)	05/03/2024	Charleen collins (Printed Name)