

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>The Learning Experience</u>	License Number: <u>pending</u>	Date of Inspection: <u>7.17.24</u>	Time of Arrival: <u>8:30</u>
Address: <u>1268 West St.</u>	Expiration Date: <u>n/a</u>	Licensed Capacity:	Under 3 Capacity:
Town: <u>Southington 06489</u>	Telephone: <u>860-609-5066</u>	# of children present: <u>0</u>	# of staff present: <u>4</u>
Operator: <u>AD Learning SH, LLC</u>	Director: <u>Erica Hughes</u>		
Email: <u>southington@tlechildcare.com</u>	Head Teacher: <u>Erica Hughes</u>		
Hours of Operation: <u>M-F 6:30 am to 6:30 pm</u>	Summer Care: <u>open</u>		
Ages Served: <u>6 weeks to 8 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

1. Local Health Date: 6/19/24

Administration 19a-79-3a

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 5/13/24
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: n/a
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: _____
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<u>n/a</u>	<u>n/a</u>

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

Swimming cont.

- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
- 49. Lead Water Test Date: 5/19/24
Bacterial/Chemical Test (Y/N) Date: n/a
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

Betty Mayer

Written Corrective Action Plan Due

to OEC by: n/a

Signature of Person in Charge:

[Signature]

Print name: Betty Mayer

Print name: Shital Patel

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # pending Date: 7.17.24

Observations/Corrections needed:

Classroom Measurements:Room 126 - under 3

cabinet

$$15.42 \times 25 - (8.42 \times 2.33) - (2 \times 2.67) = 360.5 / 35 = 10.3 \quad \boxed{\text{OK } 8}$$

Room 122 - under 3

cabinet

$$25 \times 15.83 - (14.67 \times 3.92) - (2.17 \times 2.08) = 333.73 / 35 = 9.53 \quad \boxed{\text{OK } 8}$$

Room 135 - under 3

fridge

$$32.83 \times 16.92 - (4.0 \times 12.33) - (2.58 \times 2.67) = 499.27 / 35 = 14.26 \quad \boxed{\text{OK } 8}$$

Room 107 - over 3

cabinet

$$32.92 \times 25.50 - (4.17 \times 22.75) - (2.17 \times 2.08) = 740.07 / 35 = 21.14$$

OK 21Room 111 - over 3

cabinet

$$32.83 \times 25.25 - (3.92 \times 26.92) - (2.08 \times 2.17) = 718.91 / 35 = 20.54$$

OK 20Room 115 - under 3

fridge | cabinet 338.15

$$25 \times 16.17 - (14.25 \times 3.92) - (2.08 \times 4.92) = \del{718.91} / 35 = 9.66 \quad \boxed{\text{OK } 8}$$

Room 113 - under 3

fridge | cabinet

$$25 \times 14.25 - (14.25 \times 3.92) - (2.17 \times 4.67) = 340.25 / 35 = 9.72 \quad \boxed{\text{OK } 8}$$

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty mayerPrint Name: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]Print Name: Shital Patel
(Person in Charge)OEC BY: n/a

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # pending Date: 7-17-24

Observations/Corrections needed:

★ Room 128

$$25 \times 15.17 - (8.25 \times 2) = 362.75/35 = 10.36 \quad \boxed{\text{OK 10}}$$

★ Room 129

$$32.83 \times 24.83 - (14.17 \times 9.50) - (7.33 \times 10.75) = 601.75/35 = 17.19 \quad \boxed{\text{OK 17}}$$

★ Room 132

$$32.83 \times 16.92 - (4.0 \times 14.83) = 496.16/35 = 14.7 \quad \boxed{\text{OK 14}}$$

★ Room 124

$$25 \times 15.92 - (14.17 \times 3.92) - (2.17 \times 2.08) = 337.94/35 = 9.65 \quad \boxed{\text{OK 9}}$$

★ Room 105

$$32.83 \times 17.67 - (7.58 \times 5.17) - (2.17 \times 2.08) = 536.40/35 = 15.32 \quad \boxed{\text{OK 15}}$$

★ Rooms not furnished; not in capacity at this time.Room 120 - Make Believe Boulevard (not in capacity)

$$34.25 \times 25 - (9.33 \times 13.25) - (2.17 \times 2.08) = 728.11/35 = 20.80 \quad \boxed{\text{OK 20}}$$

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(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)OEC BY: n/aPrint Name: Shital Patel

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Experience License # pending Date: 7.17.24

Observations/Corrections needed:

Playground Measurements:

Under 3

$50.1 \times 41.2 \div 35 = 2,064.12 \div 35 = 58.97$ OK 8

over 3

$50.1 \times 58.3 = 2,920.83 \div 75 = 38.94$ OK 38

License capacity
81 with 40 under 3

toilets: 10
sinks: 31

Discussed: Radon test to be conducted in November.

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Signature: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shital Patel
(Person in Charge)

OEC BY: _____

Print Name: Shital Patel