

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Nrkys starlight Daycare		70774	3.3.25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)
		Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)
HEALTH and SAFETY 19a-79-6a			<input checked="" type="checkbox"/> (d)(10)(D)
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(F)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(G)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(H)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> (e)(3)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(4)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(5)
<input type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> (e)(5)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 60.	<input type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> (e)(7)
PHYSICAL PLANT 19a-79-7a			<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 5-18-24	<input checked="" type="checkbox"/> (e)(9)
<input type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(11)
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> (e)(12)
<input type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> (e)(13)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (e)(14-15)
<input type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> (e)(16)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 2.9.24	<input checked="" type="checkbox"/> (e)(17)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> (e)(18)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> (f)(1)(A)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: N/N Lead Test: N/N Results NO lead identified	<input checked="" type="checkbox"/> (g)(1)
		Lead Management Plan	<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/> (g)(3)
			<input checked="" type="checkbox"/> (g)(4)
			Walkways maintained
			Windows protected to prevent falls
			Window screens (Schl age only- N/A)
			Glass and mirrors protected to 36"
			Overhead doors-locking devices, spring protectors (N/A)
			Exits, stairs, hallways unobstructed
			Individual storage of clothing/bedding
			Smoking or vaping prohibited on premises/grounds
			Matches/lighters inaccessible
			Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
			TOILETING
			Shared toilets/sinks-supervision plan
			Toileting needs met
			Potty chairs-nonporous, emptied, disinfected
			Required toilets/sinks-1:16
			Required toilets/sinks-1:25 schl age only
			Toileting Supplies-Hand drying-Garbage
			Handwashing staff/children
			Toilets/sinks located-at the facility or licensed premises
			Well lighted/ventilated toilet rooms
			Mechanical ventilation (Grp Homes N/A)
			Staff personal articles inaccessible
			AIR TEMPERATURE
			Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
			Air temp <65°F comfortable (Schl age only-N/A)
			Air temp > 80 °F - ↑ fluids/ventilation
			Water temperature 60 °F - 120 °F
			Portable space heaters prohibited
			Walls/ceilings/floors/rugs-clean/good repair
			Rugs- not tripping/slipping hazard
			Hot water/Steam pipes protected
			Working phone on each level
			Emergency numbers posted-adjacent to phones
			Parents provided direct on site phone number
			LIGHTING
			All areas min. 1 foot candle of lighting
			Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
			Schl age only-lighting for comfort
			Light fixtures shielded/shatter proof
			Potentially hazardous substances, materials - labeled, inaccessible
			Garbage/rubbish-disposed of daily, containers in good repair
			Stairs-protected/good repair-handrails
			Toxic plants/materials inaccessible
			Pets or other animals-in good health, written care plan including access to children
			Prevention of vermin-openings screened
			Radon test- Results: 0.5 N/A
			Results posted-Date: 4.22.20 (Schls-N/A)
			Carbon monoxide detector-each level N/A
			Program space-adequate-35 sq. ft. per child
			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Nickys Starlight Day Care	LICENSE NUMBER	70774	DATE OF INSPECTION	3.3.25
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PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u>
	<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> 130.		<u>SAFE SLEEP</u>
	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(1)	Crib-slug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 131.	(h)(1)	Infant toys-separate-washed/sanitized daily
<input checked="" type="checkbox"/> 132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 133.	(h)(2)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/> 134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 136.		<u>FEEDING</u>
	<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
	<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

<input checked="" type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
		<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nicky's Starlight Daycare License # 70774 Date: 3.3.25

Observations/Corrections needed:

#35 Consultants

(i)(2)(A-H) operator not in compliance with regulation when current consultant agreements do not include required services in compliance with regulations effective 10/16/24.

(F) Consultant log not observed for social service consultant documenting review of policies, plans and procedures.

#111 Outdoor space

(h)(3) Observed turf surfacing to not be secure at seam between 2 pieces of turf causing a trip hazard along seam and causing larger turf area to wrinkle throughout, posing trip hazards. Observed metal plates, near back gate step, to protrude from ground surface to have sharp edges.

- Observed areas of splintering wood along right side wood fence in areas accessible to children

Discuss

- Crib sheets must fit size of mattress. (not in use during inspection) offered director new director technical assistance, provided contact info to contact if interested in participating.

- Documenting staff P.D equal to 1% of annual hours worked

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: Jennifer Schutz
(OEC Representative)

Print Name: Jen Schutz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Antwan Sitton
(Person in Charge)

OEC BY: 3.17.25

Print Name: Antwan Sitton