CONNECTICUT

# CONNECTICUT OFFICE OF EARLY CHILDHOOD
## DIVISION OF LICENSING

CONNECTICUT Early Childhood

# CHILD CARE CENTER/GROUP CHILD CARE HOME
# SCHOOL AGE ONLY INSPECTION FORM

Type of Inspection: ☐ Initial ☑ Unannounced Full ☐ Announced Full ☐ Partial ☐ Follow-Up ☐ Change of Location

| | | | | | |
|---|---|---|---|---|---|
| Program Name: | Child Link-Jennings School PTA - SACC After School Program | Date of Inspection: | 5-6-25 | Time of Arrival: | 345pm |
| Address: | 31 Palm Drive | License Number: | 14065 | Expiration Date: | 6-30-26 |
| Town: | Fairfield | Telephone Number: | 203-372-7745 | Summer Care: | Closed |
| Operator: | Jennings School PTA | # of Staff Present: | 7 | # children Present: | 31 |
| Email: | Pdchildlink@gmail.com | Ages Served: | 5-13 yrs | Total Capacity: | 65 |
| Designated Director: | Patricia Datillo | Days of Operation: | M-F | Hours of Operation: | 7:15am-9am 3:25pm-6pm |

**Instruction Codes:** √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

## LICENSURE PROCEDURES 19a-79-2a

| | | |
|---|---|---|
| ☑ 1. | (c)(8) | Local Health Inspection-Date: 6-6-23 |

## ADMINISTRATION 19a-79-3a

| | | |
|---|---|---|
| ☑ 2. | (a) | Ensuring health & safety of children |
| ☑ 3. | (b) | Overall management of program |
| ☑ 4. | (b)(6) | Employee orientation for new program staff |
| ☑ 5. | (b)(6) | Annual policy training for program staff |
| ☑ 6. | (b)(7)(A) | Child behavior management |
| ☑ 7. | (b)(7)(B) | Documentation that parents were informed of behavior management techniques |
| ☑ 8. | (b)(7)(C) | Child Protection |
| ☑ 9. | (b)(7)(E) | Mandated Reporting |
| ☑ 10. | (c)(1-4) | Notification of Change |
| ☑ 11. | | POLICIES-COMPLETE/IMPLEMENTED |
| | ☑ (d)(2)(A) | Discipline policy |
| | ☑ (d)(2)(B)(C) | Child Protection policy |
| | ☑ (d)(3) | Closing time policy |
| | ☑ (d)(4)(A) | Medical emergency policy |
| | ☑ (d)(4)(B) | Multi-Hazards policy-annual drill |
| | ☑ (d)(5) | Supervision policy |
| | ☑ (d)(6) | General Operating policies |
| | ☑ (d)(6)(C) | Administrative Oversight policy |
| | ☑ (d)(7) | Personnel policies |
| ☑ 12. | (d)(1) | Daily attendance-children/staff- keep 1 yr. |
| ☑ 13. | | ACCESS |
| | ☑ (f) | Immediate access by parents |
| | ☑ (h) | Immediate access by OEC-facility/records |
| ☑ 15. | (m) | Motor vehicle laws–transportation |
| ☑ 16. | (n) | Capacity |
| ☑ 17. | (o) | Respond to OEC-no false, misleading statements or documents |
| ☑ 18. | | POSTINGS |
| | ☑ 3a(e)(1) | License posted |
| | ☑ 3a(e)(2) | OEC Complaint Procedure posted |
| | ☑ 3a(d)(6)(C) | Administrative Oversight Policy |
| | ☑ 3a(e)(3) | Menus posted |
| | ☑ 3a(e)(4) | No Smoking posted signs at entrances |
| | ☑ 3a(e)(5) | OEC Inspection report posted or available |
| | ☑ 7a(e)(17) | Radon test posted (Schls-N/A) |

## STAFFING and CONSULTANTS 19a-79-4a

| | | |
|---|---|---|
| ☑ 19. | (a)(1) | Staff health records |
| ☑ 20. | (a)(3) | Disciplinary actions |
| ☑ 21. | (b) | Comprehensive Background Checks |
| ☑ 21a. | (b)(2) | Past employment history |
| ☑ 22. | (b)(4) | Evidence of compliance -with bknd cks/history |
| ☑ 23. | (d) | Adequate staffing |
| ☑ 25. | (d)(2) | Two staff present–age 18 or older |
| ☑ 26. | (d)(3)(A-C) | Personal qualities of staff |
| ☑ 28. | (d)(4)(D | Supervision–Indoors/Outdoors |
| ☑ 29. | ☐ (d)(5)(A) | Group Size–school age field trips/outdoors |
| ☑ 30. | (e)(1) | Designated director-training |
| ☑ 31. | (f)(1) | CPR certified program staff |
| ☑ 32. | (f)(2) | First aid certified program staff |
| ☑ 33. | | PROFESSIONAL DEVELOPMENT |
| | ☑ (a)(2) | Documentation |
| | ☑ (h)(1) | Health & Safety training |
| | ☑ (h)(2) | 1% annual hours |
| ☑ 34. | | SWIMMING ACTIVITIES - Y/N |
| | ☑ (4)(C)(ii-v) | Swimming-Ratios |
| | ☑ (4)(C)(i) | Non-swimmers identified |
| | ☑ (e)(6) | CPR certified staff–age 20 or older |
| | ☑ (e)(6) | Lifeguard–certified–supervising |
| ☑ 35. | | CONSULTANTS |
| | ☑ (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) |
| | ☑ (i) – (i)(2)(A-H) | Consultant agreements-signed annually-agreements complete w/required services |
| | ☑ (F) | Consultant logs–documented activities, observations and required services |
| | ☑ (i)(2) (H)(i)-(I)(i) | Consultant visits- Education/Health |

| | Contracts | Logs | Visits |
|---|---|---|---|
| Education | ☑ | ✓ | ✓ |
| Health | ☑ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | |
| Dietitian | NA | NA | |

# CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

| PROGRAM NAME | Child Link - Jennings School | LICENSE NUMBER | 14065 | DATE OF INSPECTION | 9/10-25 |
|---|---|---|---|---|---|

## RECORD KEEPING 19a-79-5a

| | | |
|---|---|---|
| ☑ 36. | (a)(1)(A-C) | Children's Enrollment information |
| ☑ 37. | | PARENT PERMISSIONS |
| | ☑ (a)(1)(D)(i) | Emergency medical permission |
| | ☑ (a)(1)(D)(ii) | Authorized release permission |
| | ☑ (a)(1)(D)(iii) | Field trip permission |
| | ☑ (a)(1)(D)(iv) | Transportation permission |
| ☑ 38. | (a)(2)(A-B) | Child Health Records |
| ☑ 39. | (a)(2)(C) | Immunization records |
| ☐ 40. | (a)(2)(E) | Individual care plan-signed by parents/staff |
| ☑ 41. | (a)(3)(A) | Injury, Illness, Incident, Accident reports |
| ☑ 42. | (a)(3)(B) | Parent notification of illness or injury |
| ☑ 43. | (a)(3)(C)(i-ii) | Notify OEC of serious injuries, fatality |
| ☑ 44. | (a)(3)(D) | Notify DPH, local health-reportable diseases |
| ☑ 45. | (a)(4) | Video recordings- keep 30 days |

## HEALTH and SAFETY 19a-79-6a

| | | |
|---|---|---|
| ☑ 46. | (a)(1) | Preparation, transportation of food-follow DPH Model Food Code (N/A) |
| ☑ 47. | (a)(2) | Nutritious meals and snacks |
| ☑ 48. | (a)(3) | Proper refrigeration–41 degrees |
| ☑ 49. | (a)(4) | Menus–1 wk in advance- keep 3 mths |
| ☑ 50. | (a)(5) | Food Service Inspection _____ (N/A) |
| ☑ 51. | (a)(6) | Kitchen-clean/safe storage of food/supplies (N/A) |
| ☑ 52. | (a)(7) | Separate hand washing facilities |
| ☑ 53. | (a)(8) | Multi-use eating/drinking utensils |
| ☑ 55. | (a)(10) | Children supervised during meal prep |
| ☑ 56. | (a)(11) | Handwashing–staff/children |
| ☑ 57. | (b)(1) | Illness procedures–staff knowledgeable, children observed for signs/symptoms |
| ☑ 58. | (b)(2) | Designated isolation area |
| ☑ 59. | ☑ (c) | FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| | ☑ (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 |
| | ☑ (d) | FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

## PHYSICAL PLANT 19a-79-7a

| | | |
|---|---|---|
| ☑ 62. | (a)(2) | Fire marshal codes/certificate 5-23-24 |
| ☑ 63. | (b) | Indoor/Outdoor space inspected/approved |
| ☑ 64. | (b)(1)-(5) | Construction/expansion/renovation/conversion |
| ☑ 65. | (b)(6) | Space not inspected/approved but used for field trips–written parent permission |
| ☑ 67. | (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free |
| ☑ 68. | (c)(4) | Testing of premises/grounds for chemicals |
| ☑ 69. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| | ☑ (c)(5)(A) | Lead Water Test – Date: _____ |
| | ☑ (c)(5)(B) | Bact./Chem Test-Date: _____ (N/A) |
| | ☑ (c)(5)(C) | Drinking water available/accessible |
| ☑ 70. | | LEAD PAINT - |
| | ☑ (c)(6)(A) | Building Pre-78: Y/N Lead Test: Y/N |
| | | Results LBP |
| | | Lead Management Plan every 6 months |
| | ☑ | Peeling Paint – Y/N Inside/Outside |
| ☑ 71. | ☑ (c)(6)(B-D) | Emergency vehicle access |
| ☑ 72. | (d)(2) | Walkways maintained |
| ☑ 73. | (d)(3) | Windows protected to prevent falls |
| ☑ 76. | (d)(5) | Overhead doors–locks/spring protectors (N/A) |
| ☑ 77. | (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |

## PHYSICAL PLANT 19a-79-7a cont.

| | | |
|---|---|---|
| ☑ 79. | | SMOKING |
| | ☑ (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| | ☑ (d)(8) | Matches/lighters inaccessible |
| | | TOILETING |
| ☑ 82. | ☑ (d)(10)(A) | Shared toilets/sinks–supervision plan |
| | ☑ (d)(10)(B) | Toileting needs met |
| | ☑ (d)(10)(D) | Required toilets/sinks–1:25 |
| | ☑ (d)(10)(E) | Toileting Supplies–Hand drying-Garbage |
| | ☑ (d)(10)(E) | Handwashing staff/children |
| | ☑ (d)(10)(F) | Toilets/sinks located at the facility |
| | ☑ (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | ☑ (d)(10)(H) | Mechanical ventilation (after 1/1/94)(Grp Homes N/A) |
| ☑ 83. | (d)(11) | Staff personal articles inaccessible |
| ☑ 84. | | AIR TEMPERATURE |
| | ☑ (e)(1) | Air temp<65°F comfortable |
| | ☑ (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| ☑ 86. | (e)(4) | Portable space heaters prohibited |
| ☑ 90. | (e)(6) | Hot water/Steam pipes protected |
| ☑ 91. | | TELEPHONE/NUMBERS |
| | ☑ (e)(7) | Working phone on each level |
| | ☑ (e)(7) | Emergency numbers posted-adjacent to phones |
| | ☑ (e)(7) | Parents provided direct on site phone number |
| ☑ 94. | | LIGHTING |
| | ☑ (e)(8) | All areas min. 1 foot candle of lighting |
| | ☑ (e)(9) | Enough lighting for comfort |
| | ☑ (e)(9) | Light fixtures shielded/shatter proof |
| ☑ 95. | (e)(10) | Potentially hazardous substances, materials labeled, inaccessible |
| ☑ 96. | (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| ☑ 97. | (e)(12) | Stairs-protected/good repair-handrails |
| ☑ 98. | (e)(13) | Toxic plants/materials inaccessible |
| ☑ 99. | (e)(14-15) | Pets or other animals–in good health, written care plan including access to children |
| ☑ 101. | (e )(17) | Radon test- Results: _____ (Schls-N/A) |
| ☑ 102. | (e)(18) | Carbon monoxide detector-each level N/A |
| ☑ 103. | (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| ☑ 104. | (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| ☑ 107. | (g)(4) | Developmentally app equipment, materials |
| ☑ 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls |
| ☑ 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around |
| ☑ 110. | (j) | No weapons/no facsimile of a firearm |
| ☑ 111. | | OUTDOOR SPACE |
| | ☑ (h)(1) | Adequate space- 75 sq. ft. per child |
| | ☑ (h)(2) | Shock absorbing surfaces-minimum 8" |
| | ☑ (h)(3) | Playground free from hazards |
| | ☑ (h)(4) | Nuts, bolts, screws-tight, covered/protected |
| | ☑ (h)(5) | Outside equipment anchored–anchors buried |
| | ☑ (h)(6) | New equip- cert playg. Inspection upon request |
| | ☑ (h)(8) | Drinking water available/accessible |
| | ☑ (h)(9) | Equipment arranged for safety-equip/fences/structures not hazardous |
| ☑ 112. | | OUTDOOR PROTECTED/FENCED |
| | ☑ (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| | ☑ (h)(7)(B) | Fences installed to protect from water–4 ft, self closing and self latching devices or locks |
| | ☑ (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier (N/A) |
| ☑ 114. | | WATER HAZARDS |
| | ☑ (i) | Pools, swimming areas-conforms to DPH (N/A) |
| | ☑ (i) | Wading pools prohibited |
| | ☑ (i) | Hot tubs/spas/saunas-locked/inaccessible (N/A) |

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

| PROGRAM NAME | Child Link-Jennings School | LICENSE NUMBER | 14065 | DATE OF INSPECTION | 5-6-25 |
|---|---|---|---|---|---|

## SCHOOL AGE ENDORSEMENT 19a-79-11

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

## ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N)

| | | |
|---|---|---|
| ☑ 157. | (9a) | Written medication policies/procedures |
| ☑ 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes |
| ☑ 159. | | NONPRESC. TOPICAL MEDICATION |
| | ☑ (a)(2) | Admin/Parent permission/report errors |
| | ☑ (a)(3)(A-B) | Labeling and Storage |
| | ☑ (a)(3)(C) | Unused/expired meds destroyed/returned |
| ☑ 160. | | MEDICATION TRAINING |
| | ☑ (b)(1)(A/C) | Medication training-general-oral/top/inhalant |
| | ☑ (b)(1)(D) | Injectable premeasured autoinjector medication |
| | ☑ (b)(1)(E) | Rectal medication |
| | ☑ (b)(1)(F) | Injectable other than premeasured auto-injector |
| | ☑ (b)(2)(A-B) | Training approval documents/certificates |
| | ☑ (b)(2)(C) | Training outline on file |
| ☑ 161. | (b)(3)(A-B) | Authorized prescriber/parent permission |
| ☑ 162. | (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification |
| ☑ 163. | (b)(4)(A-B) | Medication Administration Records (MAR) |
| ☑ 164. | (b)(5)(A-B) | Labeling and Storage |
| ☑ 165. | (b)(5)(C) | Emergency medication inaccessible |
| ☑ 166. | (b)(5)(D) | Unused/Expired meds-destroyed/returned |
| ☑ 167. | (b)(5)(E) | Auto-injector/inhalant equipment |
| ☑ 168. | (b)(6) | Self-administration documentation |
| ☑ 169. | (b)(7)(A-B) | Petition for special medication authorization |
| ☑ 170. | (d) | Potassium Iodide (KI) emergency distribution–permission and storage (N/A) |

## MONITORING OF DIABETES 19a-79-13 Y/N

| | | |
|---|---|---|
| ☑ 171. | (a)(1) | Written policies and procedures |
| ☑ 172. | | STAFF TRAINING |
| | ☑ (b)(1)(A) | Staff training – first aid |
| | ☑ (b)(1)(B) (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| | ☑ (b)(2) | Training updated at least every 3 years |
| | ☑ (b)(3) | Written documentation of training |
| | ☑ (c)(2) | Trained staff on site when child is present |
| ☑ 173. | (c)(3) | Self-administration - written authorization and under supervision of trained staff |
| ☑ 174. | (d)(1) | Equipment provided by parents |
| ☑ 175. | (d)(2) | Equipment labeled and inaccessible |
| ☑ 176. | (d)(3) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| ☑ 177. | (e)(1) | Authorized prescriber written order |
| ☑ 178. | (e)(2) | Written authorization from parent |
| ☑ 179. | (e)(3) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |

## ADDITIONAL VIOLATION

| | | |
|---|---|---|
| ☑ 180. | - | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |

**DISCUSSIONS/COMMENTS**

| | | | |
|---|---|---|---|
| Signature of OEC staff | Cathy Anderson | Laurie Cardone | Signature of person in charge |
| Printed Name | Cathy Anderson | Laurie Cardone | Printed Name |

**OEC DIVISION OF LICENSING**
450 Columbus Blvd, Suite 302, Hartford, CT 06103
**Help Desk: (800)282-6063 or (860)500-4450**
**Website**: www.ctoec.org/licensing **Email**: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 5-20-25

**CAP:** https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ChildLink-Jennings School / PTA-SACC Afterschool program License # 14065 Date: 5-6-25

Observations/Corrections needed:

Regulation not in Compliance when:

35(i)-(i)(2)(A-H)-Education and Health agreement are not complete with services.

161-3 forms have parent section not complete and Child's address

~~166-2 mediation on site are expired~~ (CA)

11(d)(2)(B)(C) Child protection policy reporting (CA) hours are not in compliance

40-1 Child with an allergy without a Care plan

Discussed:

new regulations, provided Policy Checklist with changes, Program must come into compliance with all regulations.

1 Staff does not have a health record on site

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: Cathy Anderson (OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5-2025

Signature: Laurie Cardone (Person in Charge)

Print Name: Laurie Cardone