

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: Holly Hill Child Development + Learning Center	License Number: 16790	Date of Inspection: 4/19/22	Time of Arrival: 2:00pm
Address: 308 Peck Ln	Expiration Date: 4/30/22	Licensed Capacity: 112	Under 3 Capacity: 72
Town: Orange 06477	Telephone: 860-799-6300	# of children present:	# of staff present:
Operator: Holly Hill Child Dev. + Learning Center	Director: Deborah Fedorko	Head Teacher: Kyla Rhoades	
Email: hollyhillchildcare3002@gmail.com	Summer Care: Open	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: 6:30am - 6:30pm	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: **6/1/21**

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: **4/31/21**
- 10. OEC Complaint Procedure **9/25/23**
- 11. Food Service Certificate Date: **3/25/23**
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: **1/1/10** Results: **.3**
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: **11/19/21**
Bacterial/Chemical Test (Y/N) Date: **---**
- 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: El Montano	Written Corrective Action Plan Due to OEC by: 5/3/22	Signature of Person in Charge: Debbie Fedorko
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Print name: **El Montano**

Print name: **Debbie Fedorko**

CHILD CARE CENTER/GROUP INSPECTION FORM

<p>Program Name: <u>Holly Hill Child Development + Learning Center</u></p> <p><u>Physical Plant continued:</u></p> <p><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</p> <p><input checked="" type="checkbox"/> 68. Portable Space Heaters</p> <p><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</p> <p><input checked="" type="checkbox"/> 70. Rugs Secure</p> <p><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</p> <p><input checked="" type="checkbox"/> 72. Working Phone on Each Level</p> <p><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</p> <p><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</p> <p><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</p> <p><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</p> <p><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</p> <p><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</p> <p><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</p> <p><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</p> <p><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</p> <p><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</p> <p><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</p> <p><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</p> <p><u>Outdoor Space</u></p> <p><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</p> <p><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</p> <p><input checked="" type="checkbox"/> 89. Playground Free from Hazards</p> <p><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</p> <p><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</p> <p><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</p> <p><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</p> <p><u>Educational Requirements 19a-79-8a</u></p> <p><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</p> <p><input checked="" type="checkbox"/> 96. 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</p> <p><u>Administration of Medications 19a-79-9a</u></p> <p><input checked="" type="checkbox"/> 97. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 98. Training Outline on file</p> <p><u>Nonprescription Topical Medications</u></p> <p><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 100. Labeling/Storage</p> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <p><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</p> <p><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 103. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</p> <p><u>Self-Administration</u></p> <p><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</p> <p><input checked="" type="checkbox"/> 106. Labeling/Storage</p> <p><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</p>	<p>License Number: <u>16790</u></p> <p>Date of Inspection: <u>4/19/22</u></p> <p><u>Under Three Endorsement 19a-79-10</u></p> <p><input checked="" type="checkbox"/> 109. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</p> <p><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</p> <p><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</p> <p><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</p> <p><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</p> <p><input checked="" type="checkbox"/> 115. Washable Cots</p> <p><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</p> <p><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</p> <p><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</p> <p><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</p> <p><input checked="" type="checkbox"/> 120. Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</p> <p><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</p> <p><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</p> <p><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</p> <p><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</p> <p><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</p> <p><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</p> <p><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</p> <p><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</p> <p><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</p> <p><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</p> <p><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</p> <p><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</p> <p><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</p> <p><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</p> <p><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</p> <p><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</p> <p><u>Outdoor Play Space-Under Three:</u></p> <p><input checked="" type="checkbox"/> 141. Play Space Fenced</p> <p><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</p> <p><u>School Age Children Endorsement 19a-79-11</u></p> <p><input checked="" type="checkbox"/> 143. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 144. Activity choices appropriate</p> <p><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</p> <p><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</p> <p><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</p> <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <p><input checked="" type="checkbox"/> 148. Approved Endorsement</p> <p><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</p> <p><input checked="" type="checkbox"/> 150. Staff Awake/Available</p> <p><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</p> <p><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</p> <p><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</p> <p><u>Monitoring of Diabetes 19a-79-13</u></p> <p><input checked="" type="checkbox"/> 154. Written Policies/Procedures</p> <p><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</p> <p><input checked="" type="checkbox"/> 156. Training Current/Documented</p> <p><input checked="" type="checkbox"/> 157. Supervision of Self Administration</p> <p><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</p> <p><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</p> <p><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</p> <p><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</p> <p><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</p>
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<p>Signature of OEC Representative <u>Fil Montenegro</u></p>	<p>Written Corrective Action Plan Due to OEC by: <u>5/3/22</u></p>	<p>Signature of Person in Charge <u>Debbie Fedorko</u></p>
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Print Name: Fil Montenegro Print Name: Debbie Fedorko

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Development + Learning Center License # 16790 Date: 4/19/22

Observations/Corrections needed:

- #26 observed health consultant agreement to be incomplete missing required duties
- #38 3 care plans not observed for emergency medications
- #45 • fridge not clean in room 6, mobile 2 and room 3
 - bottoms of stalls in boys bathroom in between pre school and pre k observed to be porous and buckling
 - observed dust build up in bathroom vent in room 6
- #66 Thermometer not observed in room 6
- #69 Back wall in room 7 ⁶ observed to be porous (by tracks + window)
- #89 • observed patches on green surface on large over 3's playground not in good repair (pulling up)
 - observed green surface on under 3's playground flaking/chipping
 - observed holly bushes growing through fence of under 3's playground (farther from building)
 - 2 screws protruding on playground on large over 3's playground.
 - observed loose fencing on large over 3's playground
 - orange temporary fencing loose and observed many sharp links to fence by large tree

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: Fil Montanye
(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Debbie Fedorko
(Person in Charge)

OEC BY: 5/3/22

Print Name: Debbie Fedorko

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Development + Learning Center License # 16790 Date: 4/19/22

Observations/Corrections needed:

- observed rusted screws by gate on large playground
- observed holes posing tripping hazard on turf on playground off to side by lot
- observed landscape fabric exposed by mulch side of playground poses tripping hazard.

#105 spe FM

#107 Approved petition for special Med authorization not approved for emergency medication

#110 upon arrival observed 8:1 ratio in under 3's classroom during nap time with 1 child awake

#123 diaper changing procedure not observed posted in room 6

Discussion

- BCIS
- 1 rug not secured in room 4 (not in use)
- Observed toys in handwashing sink in room 3
- Observed clorox wipes not locked in preschool (on top of fridge).

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: [Signature]
(OEC Representative)

Print Name: Al Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 5/3/22

Print Name: Debbie Fedorko