

INITIAL     UNANNOUNCED FULL/PARTIAL     FOLLOW UP     LOCATION CHANGE     OTHER

Program Name: <u>Kids Korner at Farm Hill</u>	License Number: <u>13912</u>	Date of Inspection: <u>5-12-22</u>	Time of Arrival: <u>3:16</u>
Address: <u>390 Ridge Road</u>	Expiration Date: <u>3-31-25</u>	Licensed Capacity: <u>to 69.50</u>	
Town: <u>Middletown CT 06457</u>	Telephone:	# of children present: <u>18</u>	# of staff present: <u>4</u>
Operator: <u>Northern Middlesex YMCA</u>	Director: <u>Mackenzie Steadman</u>		
Email: <u>msteadman@midymca.org</u>	Head Teacher: <u>Zreinu Clark</u>		
Hours of Operation: <u>M-F 7:00am-9:00am 3:30-6:00pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5 yrs - 9 yrs</u>	Instruction Codes: √ = Compliance/No violation found    O = Non-compliance/Violation found N/A = Not applicable at this time		

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 9-11-20

**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: 9-21-21
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: na
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: na Results: \_\_\_\_\_

**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
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	na	na

27. Logs/Visits Documented

**Swimming: (Y/N)**

- 28. Non-Swimmers Identified
- 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 (Y/N) Date: na  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

Jeanne Sew

Print name: Jeanne Sew

Written Corrective Action Plan

Due to OEC by: 5-28-22

Signature of Person in Charge:

M. Steadman

Print name: Mackenzie Steadman

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Kids Korner @ Farm Hill School</i></p>	<p>License Number: <i>13910</i></p>	<p>Date of Inspection: <i>5.12.20</i></p>
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/></li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level <input checked="" type="checkbox"/></li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/></li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><u>Monitoring of Diabetes 19a-79-13</u> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p>Signature of OEC Representative <i>Jennifer Sena</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>5-28-20</i></p>	<p>Signature of Person in Charge <i>M. Steadman</i></p>

Print Name: Jen Sena

Print Name: Mackenzie Steadman

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner at Farm Hill License # 13912 Date: 5-12-22Observations/Corrections needed:

- #2 observed 3<sup>10</sup> out of 4 staff files to not have documentation of new hire orientation
- #3 observed 3 out of 4 staff files to not have documentation of annual review of policies, plans, and procedures
- #12 observed snack menu to not be posted where parents could see them
- #110 observed 3 out of 4 staff files to not have current staff health record and Two staff files out of 4 to not have TB test results
- #38 observed two child health records to indicate meds needed, no care plan observed for these students  
observed 2 care plans not signed by all staff and one care plan not signed by parent or guardian.
- #43 observed staff offer hand washing or hand sanitizer before eating. Observed 5 students to use sanitizer, not soap and water before eating.
- #44 observed outdoor first kit and indoor first aid kit to be missing 2 ice packs and current 1st aid book.
- #102 observed 3 incomplete med authorization forms, 2 missing child address, parent permissions and parent signature, contact info  
observed 1 med auth form to be missing child's address  
observed 2 physicians indicating meds needed, no med, no auth.

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: Jen Serra  
(OEC Representative)  
Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: M. Steadman  
(Person in Charge)  
Print Name: Mackenzie SteadmanOEC BY: 5-28-22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner @ Farm Hill License # 13912 Date: 5.12.22

Observations/Corrections needed:

# 145 Ratio: observed 3 staff and 18 children. After arrival observed 2 staff leave the cat. Observed 1 teacher with 15 children for 3 minutes, observed 2 more children return; observed 17 children with 2 one staff for 2 additional minutes

Discussed

snack prepared with 1 component, staff provided 100% fruit juice with popcorn after discussion - corrected during visit

observed emergency plans not posted upon arrival - corrected at visit

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: Jen Serra (OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: M. Steadman (Person in Charge)

OEC BY: 5.28.22

Print Name: Mackenzie Steadman