

Connecticut  
Early Childhood  
08-803-4445  
DEC008

Post for 30  
Operating  
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Mutual Preschool License Number: 16176 Date of Inspection: 9/30/2023

- Physical Plant continued:**
- 67. Water Temperature 60°-115°
  - 68. Portable Space Heaters
  - 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
  - 70. Rugs Secure
  - 71. Hot Water/Steam Pipes Protected
  - 72. Working Phone on Each Level
  - 73. Emergency Numbers Posted
  - 74. Adequate Lighting: 50/30 Candle Feet
  - 75. Light Fixtures Shielded/Shatter Proof
  - 76. Potentially Hazardous Substances Locked
  - 77. Garbage/Rubbish Disposed Daily
  - 78. Stairs Protected/Good Repair/Handrails
  - 79. Pets: Maintained/Care Plan (Y/N)
  - 80. Operable CO Detector on Each Level (Y/N)
  - 81. Program Space/Adequate Sq. Ft. Per Child
  - 82. Equipment: Good Repair/Safe/Non-toxic
  - 83. Cots Stored/Maintained/Adequate Number
  - 84. Developmentally Appropriate Equipment/Materials
  - 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
  - 86. No Weapons/No Facsimile of a Firearm on Premise

- Outdoor Space**
- 87. Outdoor Space Adequate Sq. Ft. Per Child
  - 88. Impact Absorbing Material under Equipment
  - 89. Playground Free from Hazards
  - 90. Peeling Paint (Y/N) Sample Taken (Y/N)
  - 92. Equipment Anchored/Safely Arranged
  - 93. Outdoor Play Area Protected/Fenced
  - 94. Drinking Water Available/Accessible

- Educational Requirements 19a-79-8a**
- 95. Written Plan for Daily Program Available to Parents/Staff
  - 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

- Administration of Medications 19a-79-9a**
- 97. Written Policies/Procedures
  - 98. Training Outline on file

- Nonprescription Topical Medications**
- 99. Administration/Parent Permission/MAR
  - 100. Labeling/Storage

- Oral/Topical/Inhalant/Injectable Medications**
- 101. Med Trained Staff/Certificates
  - 102. Authorized Prescriber/Parent Permission/MAR
  - 103. Labeling/Storage
  - 104. Unused/Expired Meds Returned/Disposed

- Self-Administration**
- 105. Authorized Prescriber/Parent Permission/MAR
  - 106. Labeling/Storage
  - 107. Approved Petition For Special Med Authorization

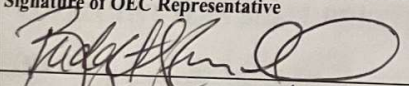
- Under Three Endorsement 19a-79-10**
- 109. Approved Endorsement
  - 110. Ratio: 1 Staff to 4 Children
  - 111. Group Size no Larger than 8
  - 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
  - 113. Adequate Sinks in Program Space
  - 114. Free Standing/Well-Constructed/Safe Cribs
  - 115. Washable Cots
  - 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
  - 117. Dev. Appropriate Tables/Chairs/Equipment
  - 118. Refrigerators and Food Prep Facilities
  - 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
  - 120. Washed/Disinfected
  - 121. Disposable Paper Sheets
  - 122. Covered Waste Receptacle
  - 123. Diaper Changing Policy Posted
  - 124. Hand Washing Policy Posted
  - 125. Individual Storage of Personal Items
  - 126. Cribs/Cots Washed/Disinfected
  - 127. Under 12 Months Placed on Back for Sleeping
  - 128. Alternate Sleep Position/Equip-Medical Document Y/N
  - 129. Crib/Bed Used for Infant Sleeping
  - 130. Crib/Bed Free from Observable Hazards
  - 131. Infant Toys Separate/Washed/Disinfected Daily
  - 132. No Toys/Objects Less than 1 1/2" Diameter
  - 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
  - 134. Health Consultant/Documentation of Visits
  - 135. Infants Held for Bottles/Individual Attn/Tummy Time
  - 136. Written Statement/Feeding Schedule from Parent
  - 137. Unused Portions of Liquids Discarded
  - 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
  - 139. Food Served from Dish or Whole Jar Served
  - 140. Bottles Individually Identified w/Child's Name

- Outdoor Play Space-Under Three:**
- 141. Play Space Fenced
  - 142. Outdoor Equipment: Dev. Appropriate

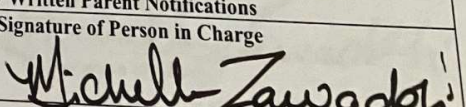
- School Age Children Endorsement 19a-79-11**
- 143. Approved Endorsement
  - 144. Activity choices appropriate
  - 145. Ratio: 1 Staff to 10 Children
  - 146. Group Size: Max. 20 Children
  - 147. Education Consultant Appropriate

- Night Care Endorsement 19a-79-12 (10pm-5am)**
- 148. Approved Endorsement
  - 149. Written Program Plan/Supervision
  - 150. Staff Awake/Available
  - 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
  - 152. Individual Storage of Personal Items
  - 153. Bedding/Sleeping Apparel Laundered Weekly

- Monitoring of Diabetes 19a-79-13 None enrolled**
- 154. Written Policies/Procedures
  - 155. On Site Staff Trained in First Aid/Glucose Testing
  - 156. Training Current/Documented
  - 157. Supervision of Self Administration
  - 158. Equipment/Supplies: Labeled/Inaccessible
  - 159. Signed Agreement w/Parent Regarding Equipment
  - 160. Materials Discarded Appropriately
  - 161. Authorized Prescriber/Parent Permission
  - 162. Documentation of Test Results/Actions Taken
  - 163. Daily Written Parent Notifications

Signature of OEC Representative  
  
Print Name: BRIDGET MERRIN

Written Corrective Action Plan  
Due to OEC by: 10/4/2023

Signature of Person in Charge  
  
Print Name: Michelle Zawadzki

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kulfvik Preschool License # 16176 Date: 9/20/2023

Observations/Corrections needed:

- #116-observed 3 staff with physical more than 2 years old
- #17-observed professional development for all staff less than 1% of total hours worked annually
- #38-observed individual care plans for Asthma and leg braces missing parent and/or staff signatures
- #93-observed several areas of playground fencing to be less than 4ft.

\* Discussed

- Consultant agreements (Education/Health) to be 1 year and 1 day old
- observed 1 behavior management discussion document to be missing the policy was "discussed" with parents
- observed 1 child physical missing date

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)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

*[Signature]*  
(Person in Charge)

OEC BY:

10/4/2023

Michelle Zawadski

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Muffin Preschool</u>	License Number: <u>16176</u>	Date of Inspection: <u>9/20/2023</u>	Time of Arrival: <u>9:25 AM</u>
Address: <u>35 Matthews St.</u>	Expiration Date: <u>2/28/2026</u>	Licensed Capacity: <u>25</u>	Under 3 Capacity: <u>0</u>
Town: <u>Middletown, CT. 06460-5065</u>	Telephone: <u>203-474-5666</u>	# of children present: <u>13</u>	# of staff present: <u>3</u>
Operator: <u>Muffin Preschool LLC</u>	Director: <u>Michelle L. Zawadzki</u>	Head Teacher: <u>Michelle L. Zawadzki</u>	Summer Care: <u>Open</u>
Email: <u>mpreschool@aphimum.net</u>	Instruction Codes: <input checked="" type="checkbox"/> N/A = Not applicable at this time <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found		
Hours of Operation: <u>Monday-Friday 7:30 AM - 5:00 PM</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		
Ages Served: <u>3-5 years</u>			

Licensure Procedures 19a-79-2a

- 1. Local Health Date: 2/7/2022
- 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 10/21/2021
- 9. Current Fire Marshal Certificate Date: 1/6/2022
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: \_\_\_\_\_
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 12/7/2009 Results: 2
- 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: 1/6/2022  
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: [Signature]

Print name: SKYDIE L. MORRILL

Written Corrective Action Plan Due to OEC by: 10/4/2023

Signature of Person in Charge: [Signature]

Print name: Michelle Zawadzki