Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302, Hartford, CT 06103
Phone 800-282-6063 Fax 860-326-0552

SCHOOL AGE ONLY INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED (FULL)/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Kids Korner at Woodside Intermediate School	License Number: 16292	Date of Inspection: 11.9.23 Time of Arrival: 3:00
Address: 30 Woodside Rd.	Expiration Date: 1/31/25	Licensed Capacity: 87
Town: Cromwell 06416	Telephone: 860-632-3192	# of children present: 21 # of staff present: 3
Operator: Northern Middlesex YMCA	Director: Erin Hernandez	
Email: ehernandez@midymca.org	Head Teacher: Interim Head Teacher	
Hours of Operation: M-F 7:00-8:15am 2:40 to 6:00pm	Summer Care: closed	
Ages Served: 7-13 years	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: 4/26/23

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/Sta

Items Posted: Conspicuous/Accessible
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 5/4/23
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date:_____
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- n/a ☐ 15. Radon Test (Y/N) Date:_____ Results:_____
- ☑ 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
- ☑ 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	n/a	n/a

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☑ 28. Non-Swimmers Identified
- ☑ 29. Staff/Child Ratios
- ☑ 30. CPR Certified Staff (20 years of age)
- ☑ 31. Lifegaurd 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
- n/a ☐ 49. Lead Water Test (Y/N) Date:_____
  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: Betty Mayer Print Name: Betty Mayer	Written Corrective Action Plan Due to OEC by: 11/23/23	Signature of Person in Charge: Abigail Huntington Print Name: Abigail Huntington

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Physical Plant continued:

- ☑ 73. Emergency Numbers Posted
- ☑ 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
- ☑ 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 of Hazards
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Playground Protected
- ☑ 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

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

Monitoring of Diabetes 19a-79-13 no one currently 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	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Betty Mayer	11/23/23	Abigail Huntington

Print Name: Betty Mayer

Print Name: Abigail Huntington

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner Intermediate at Woodside School License # 16292 Date: 11.9.23

Observations/Corrections needed:

#3 Annual policy review missing for one staff.

#10 Statement of health and TB test results missing for two staff.

#38 Three care plans missing staff signatures.

#44 Gloves and CPR barrier missing from First Aid Kit.

#102 one medication authorization for child with albuterol expired. one medication authorization for child with asthma is for albuterol. Child has fluticasone.

#103 Observed one epipen without original prescription label. One benadryl not labeled. Observed eye drops not labeled.

#104. Observed one expired benadryl (9/23) and expired inhaler (10/22).

Discussed one authorization says to administer 45 mL benadryl. May be typo?

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/23/23

Signature: Abigail Wright
(Person in Charge)