

SCHOOL AGE ONLY INSPECTION FORM

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

Facility Name:	YWCA KidsLINK West Hill	Date of Inspection:	5/12/25	Time:	7:05am
Address:	95 Crown Dr	License Number:	216196	Inspection Date:	7/31/26
City/State:	Rocky Hill, CT 06067	Telephone Number:	860 525 1103	Status:	Closed
Operator:	YWCA Hartford Region INC	Fax Number:	860 500 4864	Age Range:	14
Website:	RobnBaldwin@hartford.org	Days of Operation:	2	Days of Operation:	75
Inspected By:	Tina Giadden / Robin Bucki	Days of Operation:	N-F	Hours of Operation:	11am-9pm / 3pm-6pm

REGISTRATION PROCEDURES 19a-79-21

1. (c)(8) Local Health Inspection-Date: 8/20/22

REGISTRATION PROCEDURES 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-79-22

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

UINCA Kidslink West Hill

16196

5/12/25

36. (a)(1)(A-C) Children's Enrollment information

37. (a)(1)(D)(i) PARENT PERMISSIONS

(a)(1)(D)(ii) Emergency medical permission

(a)(1)(D)(iii) Authorized release permission

(a)(1)(D)(iv) Field trip permission

38. (a)(2)(A-B) Transportation permission

39. (a)(2)(C) Child Health Records

40. (a)(2)(E) Immunization records

41. (a)(3)(A) Individual care plan-signed by parents/staff

42. (a)(3)(B) Injury, Illness, Incident, Accident reports

43. (a)(3)(C)(i-ii) Parent notification of illness or injury

44. (a)(3)(D) Notify OEC of serious injuries, fatality

45. (a)(4) Notify DPH, local health-reportable diseases

Video recordings- keep 30 days

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

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

FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

62. (a)(2) Fire marshal codes/certificate 11/20/25

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. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)

(c)(5)(B) Lead Water Test - Date: _____

(c)(5)(C) Bact./Chem Test-Date: _____ (N/A)

70. (c)(6)(A) Drinking water available/accessible

LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____

Lead Management Plan _____

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

79. (d)(8) SMOKING

(d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds

(d)(8) Matches/lighters inaccessible

82. (d)(10)(A) TOILETING

(d)(10)(B) Shared toilets/sinks-supervision plan

(d)(10)(D) Toileting needs met

(d)(10)(E) Required toilets/sinks-1:25

(d)(10)(E) Toileting Supplies-Hand drying-Garbage

(d)(10)(F) Handwashing staff/children

(d)(10)(G) Toilets/sinks located at the facility

(d)(10)(H) Well lighted/ventilated toilet rooms

(d)(11) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)

83. Staff personal articles inaccessible

84. AIR TEMPERATURE

(e)(1) Air temp < 65°F comfortable

(e)(2) Air temp > 80 °F - ↑ fluids/ventilation

(e)(4) Portable space heaters prohibited

(e)(6) Hot water/Steam pipes protected

94. (e)(7) TELEPHONE/NUMBERS

(e)(7) Working phone on each level

(e)(7) Emergency numbers posted-adjacent to phones

(e)(8) Parents provided direct on site phone number

(e)(9) LIGHTING

(e)(9) All areas min. 1 foot candle of lighting

(e)(10) Enough lighting for comfort

(e)(10) Light fixtures shielded/shatter proof

(e)(11) Potentially hazardous substances, materials labeled, inaccessible

(e)(11) Garbage/rubbish-disposed of daily, containers in good repair

(e)(12) Stairs-protected/good repair-handrails

(e)(13) Toxic plants/materials inaccessible

(e)(14-15) Pets or other animals-in good health, written care plan including access to children

101. (e)(17) Radon test- Results: _____ (Sch-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. (h)(1) OUTDOOR SPACE

(h)(2) Adequate space- 75 sq. ft. per child

(h)(3) Shock absorbing surfaces-minimum 8"

(h)(4) Playground free from hazards

(h)(5) Nuts, bolts, screws-tight, covered/protected

(h)(6) Outside equipment anchored-anchors buried

(h)(8) New equip- cert playg. Inspection upon request

(h)(9) Drinking water available/accessible

(h)(9) Equipment arranged for safety-equip/fences/structures not hazardous

112. (h)(7) 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. (i) WATER HAZARDS

(i) Pools, swimming areas-conforms to DPH (N/A)

(i) Wading pools prohibited

(i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

YWCA West Hill Kidsline

16196

5/26/25

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

- 171. (a)(1) Written policies and procedures
- 172. (b)(1)(A) **STAFF TRAINING**
 (b)(1)(B) Staff training - first aid
(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
 (c)(3) Self-administration - written authorization and under supervision of trained staff
(d)(1) Equipment provided by parents
(d)(2) Equipment labeled and inaccessible
(d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
Authorized prescriber written order
Written authorization from parent
Testing results and actions taken - documented and kept on file, ensure parents are notified daily
- 173.
- 174.
- 175.
- 176.
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a ON

- 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
- 60. **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
- 61. (b)(3)(A-B) Authorized prescriber/parent permission
- 62. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 63. (b)(4)(A-B) Medication Administration Records (MAR)
- 64. (b)(5)(A-B) Labeling and Storage
- 65. (b)(5)(C) Emergency medication inaccessible
- 66. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 67. (b)(5)(E) Auto-injector/inhalant equipment
- 68. (b)(6) Self-administration documentation
- 69. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

- ADDITIONAL VIOLATION**
- 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

-update policies/procedures per new regs. checklist on oec website

- water stain in bathroom

Ma Kellen Keisterman

Yaël Salomche
Yaël Salomche

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA West Hill Kidslink License # 16196 Date: 5/12/25

Observations/Corrections needed:

Regulations not in compliance when observed:

- #1 - Local health inspection not observed current. Send copy
- #4 - 1 Employee orientation not observed
- #18 - Complaint procedure not posted
- #19 - 1 staff health not available
- #33 - No health + safety trainings observed for staff. not enough hours of professional development observed for 2 staff
- #35 - Social service agreement not current with new regulations
- #62 - Fire Marshal certificate not observed current. send copy
- #146 - Head teacher certificate/approval not available. send copy.
- #160 - training outline not observed
- #161 - 3 Authorization expired / or not available for Asthma or Allergy (Benadryl) + epi pen
- #166 - 1 expired Asthma Medication 2/25

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:

Ma Kullen
(OEC Representative)

Signature:

Yael Soloneche
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/26/25