

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Kids Korner @ Bielefeld School	Date of Inspection:	4/9/25	Time of Arrival:	3:35 pm
Address:	70 Maynard St	License Number:	13114	Expiration Date:	3/31/26
Town:	Middletown CT 06457	Telephone Number:	959-237-2868	Summer Hours:	Closed
Operator:	Northern Middlesex YMCA	# of Staff Present:	2	# of Children Present:	12
Email:	bcarlson@midymca.org	Ages Served:	5-12 YRS	Total Capacity:	50
Designated Director:	Ben Carlson Candace Stark	Days of Operation:	M-F 7-9/3:30-6	Hours of Operation:	7:00-9:00 3:30-6:00

0 - Regulation not in Compliance

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 2/13/23

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)
 (b)(1)
 (b)(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)

ADMINISTRATION 19a-79-3a

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

2. (a)
 3. (b)
 4. (b)(6)
 5. (b)(6)
 6. (b)(7)(A)
 7. (b)(7)(B)
 8. (b)(7)(C)
 9. (b)(7)(E)
 10. (c)(1-4)
 11. (d)(2)(A)
 (d)(2)(B)(C)
 (d)(3)
 (d)(4)(A)
 (d)(4)(B)
 (d)(5)
 (d)(6)
 (d)(6)(C)
 (d)(7)
 12. (d)(1)
 13. (f)
 (h)
 15. (m)
 16. (n)
 17. (o)
 18. 3a(e)(1)
 3a(e)(2)
 3a(d)(6)(C)
 3a(e)(3)
 3a(e)(4)
 3a(e)(5)
 7a(e)(17)

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

POLICIES-COMplete/IMPLEMENTED
Discipline policy
Child Protection policy
Closing time policy
Medical emergency policy
Multi-Hazards policy-annual drill
Supervision policy
General Operating policies
Administrative Oversight policy
Personnel policies
Daily attendance-children/staff- keep 1 yr.

SWIMMING ACTIVITIES - N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

ACCESS
Immediate access by parents
Immediate access by OEC-facility/records
Motor vehicle laws-transportation
Capacity
Respond to OEC-no false, misleading statements or documents

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

POSTINGS
License posted
OEC Complaint Procedure posted
Administrative Oversight Policy
Menus posted
No Smoking posted signs at entrances
OEC Inspection report posted or available
Radon test posted (Schk-N/A)

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Health	<input checked="" type="checkbox"/>		
Soc. Serv.	<input checked="" type="checkbox"/>		
Dietitian			

PROGRAM NAME: Kids K&M @ Bk of HS School LICENSE NUMBER: 479/25 DATE OF INSPECTION: 4/9/25

RECORD KEEPING 19a-79-5a PHYSICAL PLANT 19a-79-7a

36. (a)(1)(A-C) Children's Enrollment information
 37. (a)(1)(D)(i) Emergency medical permission
 (a)(1)(D)(ii) Authorized release permission
 (a)(1)(D)(iii) Field trip permission
 (a)(1)(D)(iv) Transportation permission
 38. (a)(2)(A-B) Child Health Records
 39. (a)(2)(C) Immunization records
 40. (a)(2)(E) Individual care plan-signed by parents/staff
 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
 42. (a)(3)(B) Parent notification of illness or injury
 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
 44. (a)(3)(D) Notify DPH, local health-reportable diseases
 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
 47. (a)(2) Nutritious meals and snacks (N/A)
 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
 (c) 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
 (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 10/30/24
 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 (School) (N/A)
 (c)(5)(B) Lead Water Test - Date: _____
 (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
 Drinking water available/accessible
 70. (c)(6)(A) LEAD PAINT - Building Pre-78 Y/N Lead Test Y/N Results Lead identified 6 months
 (c)(6)(B-D) Lead Management Plan 6 months
 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 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 (d)(8) Matches/lighters inaccessible
 82. (d)(10)(A) TOILETING Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(D) Required toilets/sinks-1:25
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located at the facility
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
 83. (d)(11) Staff personal articles inaccessible
 84. (e)(1) AIR TEMPERATURE Air temp < 65°F comfortable
 (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 86. (e)(4) Portable space heaters prohibited
 90. (e)(6) Hot water/Steam pipes protected
 91. (e)(7) TELEPHONE/NUMBERS Working phone on each level
 (e)(7) Emergency numbers posted-adjacent to phones
 (e)(7) Parents provided direct on site phone number
 94. (e)(8) LIGHTING All areas min. 1 foot candle of lighting
 (e)(9) Enough lighting for comfort
 (e)(9) Light fixtures shielded/shatter proof
 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 97. (e)(12) Stairs-protected/good repair-handrails
 98. (e)(13) Toxic plants/materials inaccessible
 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 101. (e)(17) Radon test- Results: _____ (Schls-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 Adequate space- 75 sq. ft. per child
 (h)(2) Shock absorbing surfaces-minimum 8"
 (h)(3) Playground free from hazards
 (h)(4) Nuts, bolts, screws-tight, covered/protected
 (h)(5) Outside equipment anchored-anchors buried
 (h)(6) New equip- cert playg. Inspection upon request
 (h)(8) Drinking water available/accessible
 (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
 112. (h)(7) OUTDOOR PROTECTED/FENCED 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 Pools, swimming areas-conforms to DPH (N/A)
 (i) Wading pools prohibited
 (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

PROGRAM NAME KIDS KORNER @ Buckfield School	LICENSE NUMBER 13114	DATE OF INSPECTION 4/9/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 143. (d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144. (e)	Group size- max. 30
<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training - first aid Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible 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
<input checked="" type="checkbox"/> 172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	
<input checked="" type="checkbox"/> 173.	(b)(2) (b)(3) (c)(2) (c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

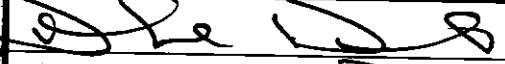
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N


<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.	MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS
 "Policy review checklist provided during inspection highlighting changes to the child care regulations effective October 16, 2024. Program must ensure policies are updated to reflect new requirements"

Signature of OEC staff

 Johanne Jalio

Signature of person in charge

 Benjamin Carlson

OEC DIVISION OF LICENSING
 150 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request
 Written Corrective Action Plan Due by: **4/23/25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kick Kanner @ Bielefeld School License # 13114 Date: 4/19/25

Observations/Corrections needed:

Regulation was not in compliance when:

#1(c)(8): Observed local health inspection older than 2yr.

#70(c)(6)(A): Observed no documentation of lead monitoring.

#161(b)(3)(A-B): Observed 1 prescriber's form not signed by parent

#164(b)(5)(A-B): Observed 1 albuterol without a label.

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: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/23/25

Print Name: Benjamin Carlson