

**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 @ Lawrence School	Date of Inspection:	4/22/25	Time of Arrival:	3:35 pm
Address:	200 Kaplan Dr.	License Number:	13115	Expiration Date:	3/31/26
City:	Middletown CT 06457	Telephone Number:	959-237-2865	Summer Care:	Closed
Director:	Northern Middlesex YMCA	# of Staff Present:	2	# of Children Present:	23
Email:	dcarlson@midmyca.org	Age Group:	5-12 years	Total Capacity:	60
Inspected By:	Benjamin Carlson Candace Blank	Days of Operation:	M-F	Hours of Operation:	7:00-9:00 3:35-6:00

Inspection Cycle: - Regulation in Compliance - Regulation not in Compliance - Not Applicable at this time

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 2/26/25

ADMINISTRATION 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-79-4a

- 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 -**
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"/> | | |
| Health | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Soc. Serv. | <input checked="" type="checkbox"/> | | |
| Dietitian | | | |

PROGRAM NAME: **Mrs. KATHY LAWRENCE School** 13115 4/22/25

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 79.		SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible TOILETING Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80°F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Radon test- Results: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission	<input checked="" type="checkbox"/> (d)(8)		
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> (d)(8)		
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission		<input checked="" type="checkbox"/> (d)(10)(B)	
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records		<input checked="" type="checkbox"/> (d)(10)(D)	
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records		<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff		<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(10)(F)	
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(10)(G)	
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(H)	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 83.	(d)(11)	
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	

HEALTH and SAFETY 19a-79-aa				
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 91.	(e)(4)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(e)(6)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)		<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 96.	(e)(10)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 97.	(e)(11)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 98.	(e)(12)
	<input checked="" type="checkbox"/> (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	<input checked="" type="checkbox"/> 99.	(e)(13)
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 101.	(e)(14-15)
			<input checked="" type="checkbox"/> 102.	(e)(17)
			<input checked="" type="checkbox"/> 103.	(e)(18)
			<input checked="" type="checkbox"/> 104.	(f)(1)(A)
			<input checked="" type="checkbox"/> 107.	(g)(1)
			<input checked="" type="checkbox"/> 108.	(g)(4)
			<input checked="" type="checkbox"/> 109.	(g)(5)
			<input checked="" type="checkbox"/> 110.	(g)(6)
			<input checked="" type="checkbox"/> 111.	(g)(6)
				(j)
				<input checked="" type="checkbox"/> (h)(1)
				<input checked="" type="checkbox"/> (h)(2)
				<input checked="" type="checkbox"/> (h)(3)
				<input checked="" type="checkbox"/> (h)(4)
				<input checked="" type="checkbox"/> (h)(5)
				<input checked="" type="checkbox"/> (h)(6)
				<input checked="" type="checkbox"/> (h)(8)
				<input checked="" type="checkbox"/> (h)(9)
			<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
				<input checked="" type="checkbox"/> (h)(7)(B)
			<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)

PHYSICAL PLANT 19a-79-7a				
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 2/25/25	<input checked="" type="checkbox"/> 109.	(g)(6)
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 110.	(j)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 111.	
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free		<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals		<input checked="" type="checkbox"/> (h)(3)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)		<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____		<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)		<input checked="" type="checkbox"/> (h)(6)
		Drinking water available/accessible		<input checked="" type="checkbox"/> (h)(8)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78 (N) Lead Test (N) Results: <u>lead john fixed</u> Lead Management Plan: <u>6 months</u>	<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(9)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside		<input checked="" type="checkbox"/> (h)(7)
<input checked="" type="checkbox"/> 71.	(d)(2)	Emergency vehicle access		<input checked="" type="checkbox"/> (h)(7)(B)
<input checked="" type="checkbox"/> 72.	(d)(3)	Walkways maintained	<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 73.	(d)(5)	Windows protected to prevent falls		<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 76.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)		<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 77.		Exits, stairs, hallways unobstructed		<input checked="" type="checkbox"/> (i)

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION REPORT

PROGRAM NAME: **Kids Korner @ Lawrence School** LICENSE NUMBER: **13115** DATE OF INSPECTION: **4/22/25**

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13 **VA**

- 140. (b) Approved Schl Age Endorsement **SCHEDULE - ACTIVITIES**
- 141. (c) Written daily program plan-flexible schedule-available to staff/parents
- (c)(1) Activities not a duplication of child's day
- (c)(2) Activities include cognitive, physical, social, emotional needs of the children
- (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

- 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
- 173. Equipment provided by parents
- 174. (d)(1) Equipment labeled and inaccessible
- 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (d)(3) Authorized prescriber written order
- 177. (e)(1) Written authorization from parent
- 178. (e)(2) Testing results and actions taken - documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9 **VA**

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. (a)(2) **NONPRESC. TOPICAL MEDICATION**
- (a)(3)(A-B) Admin/Parent permission/report errors
- (a)(3)(C) Labeling and Storage
- 160. (b)(1)(A/C) Unused/expired meds destroyed/returned
- (b)(1)(D) **MEDICATION TRAINING**
- (b)(1)(E) Medication training-general-oral/top/inhalant
- (b)(1)(F) Injectable premeasured autoinjector medication
- (b)(2)(A-B) Rectal medication
- (b)(2)(C) Injectable other than premeasured auto-injector
- (b)(3)(A-B) Training approval documents/certificates
- (b)(3)(D) Training outline on file
- 161. (b)(4)(A-B) Authorized prescriber/parent permission
- 162. (b)(5)(A-B) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(5)(C) Medication Administration Records (MAR)
- 164. (b)(5)(D) Labeling and Storage
- 165. (b)(5)(E) Emergency medication inaccessible
- 166. (b)(6) Unused/Expired meds-destroyed/returned
- 167. (b)(7)(A-B) Auto-injector/inhalant equipment
- 168. (d) Self-administration documentation
- 169. (d) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

Policy Renew checklist provided during inspection highlighting changes to the child care center regulation effective October 16, 2024. Program must ensure policies are updated to reflect new requirements.

Signature of OEC staff: *[Signature]*
 Printed Name: **Johanne Dato**

Signature of person in charge: *[Signature]*
 Printed Name: **Benjamin Corben**

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

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: **5/6/25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolve-in-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner @ Lawrence School License # 13115 Date: 4/22/25

Observations/Corrections needed:

Regulation was not in compliance when:

19(a)(1): Observed 2 staff without staff health records.

33(h)(1): Observed 1 staff without health & safety training

161(b)(3)(A-B): Observed 1 expired prescriber's form.

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:

[Handwritten Signature]

(OEC Representative)

Print Name:

Johanne Walo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

[Handwritten Signature]

(Person in Charge)

Print Name:

Benjamin Carlson

OEC BY:

5/6/25