CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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 @ Gildersleeve Sch	Date of Inspection:	4/28/25
Address:	565 Main St	License Number:	70578
	Portland, CT 06480	Telephone Number:	8603421523
Owner:	YMCA of Northern Middlesex	# of Staff Present:	2
Operator:	Blarlson@NmdyMCA.org	Ages Served:	5yrs - 12yrs
Email:	Ben Carlson	Days of Operation:	M-F
Signature:		Arrival:	7:05am
Title:		Expiration Date:	9/30/25
		Sessions or Camp:	closed
		# children Present:	18
		Total Capacity:	56
		Hours of Operation:	7-9am/3-6pm

1 = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

COMPLIANCE PROCEDURES 19a-79-2a

1.	(c)(8)	Local Health Inspection-Date:	10/1/24

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

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian	—	—	

(CK)

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

PROGRAM NAME: Kids Korner @ Gildersleeve

LICENSE NUMBER: 70578

DATE OF INSPECTION: 4/28/25

RECORD KEEPING 19a-79-5a

✓ 36.	(a)(1)(A-C)	Children's Enrollment information	
37.	☑ (a)(1)(D)(i)	PARENT PERMISSIONS 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-79-5a

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	
	☑ (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-addt'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	5/16/24
✓ 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.		WATER SUPPLY – Public/Well	(School-N/A)
	☑ (c)(5)(A)	Lead Water Test – Date: _____	
	☑ (c)(5)(B)	Bact./Chem Test-Date: _____	(N/A)
	☑ (c)(5)(C)	Drinking water available/accessible	
✓ 70.		LEAD PAINT -	
	☑ (c)(6)(A)	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	

PHYSICAL PLANT 19a-79-7a cont.

☑ 79.	☑ (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds	
	☑ (d)(8)	Matches/lighters inaccessible	
☑ 82.		TOILETING	
	☑ (d)(10)(A)	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.		AIR TEMPERATURE	
	☑ (e)(1)	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.		TELEPHONE/NUMBERS	
	☑ (e)(7)	Working phone on each level	
	☑ (e)(7)	Emergency numbers posted-adjacent to phones	
	☑ (e)(7)	Parents provided direct on site phone number	
☑ 94.		LIGHTING	
	☑ (e)(8)	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.		OUTDOOR SPACE	
	☑ (h)(1)	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.		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.		WATER HAZARDS	
	☑ (i)	Pools, swimming areas-conforms to DPH	(N/A)
	☑ (i)	Wading pools prohibited	
	☑ (i)	Hot tubs/spas/saunas-locked/inaccessible	(N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – PAGE 3

PROGRAM NAME: Kids Korner@Gildersleeve | LICENSE NUMBER: 70578 | DATE OF INSPECTION: 4/28/25

SCHOOL AGE ENDORSEMENT 19a-79-11

140.	(b)	☐	Approved Schl Age Endorsement
141.	(c)	☑	SCHEDULE - ACTIVITIES 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%

MONITORING OF DIABETES 19a-79-13 Y/N

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

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

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
160.			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
161.	(b)(3)(A-B)		Authorized prescriber/parent permission
162.	(b)(3)(D)		Medication errors- documentation, parent(s) and OEC notification
163.	(b)(4)(A-B)		Medication Administration Records (MAR)
164.	(b)(5)(A-B)		Labeling and Storage
165.	(b)(5)(C)		Emergency medication inaccessible
166.	(b)(5)(D)		Unused/Expired meds-destroyed/returned
167.	(b)(5)(E)		Auto-injector/inhalant equipment
168.	(b)(6)		Self-administration documentation
169.	(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 regulations. Per Checklist
-Dusty vents in Kids Bathrooms
-1 year within hire for director Course (KC)
-Head teacher ~~Intrim~~ INTERIM PLAN Submitted to OEC

Signature of OEC staff: Ora Kellman
Printed Name: Kellman

Signature of person in charge: Benjamin Carlson
Printed Name:

Inspection shall be posted or available for review upon request

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: oec.licensing@ct.gov

Written Corrective Action Plan Due by: 5/12/25

CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner @ Goldsboro License # 70578 Date: 4/28/25 PAGE 1

Observations/Corrections needed:

Regulations Not in compliance when observed:
#18- Administrative oversight policy Not posted
#19- 1 staff health record Not observed
#33- Health & safety Not observed for 2 staff
#166- 1 expired Asthma observed (exp 1/2025)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/12/25

Signature: _____ (OEC Representative)
Print Name: Katherman

Signature: _____ (Person in Charge)
Print Name: Benjamin Carlson