

**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 @ Spencer School	Date of Inspection:	5/5/25	Time of Arrival:	7:00am
Address:	207 Westfield St	License Number:	14444	Expiration Date:	2/28/29
Town:	Middletown	Telephone Number:	860-346-4535	Summer Care:	Closed
Operator:	Northern Middlesex YMCA	# of Staff Present:	2	# children Present:	8 at 7:00am 8 at 8:02
Phone:	Carlson@midymca.org	Ages Served:	5 years - 12 years	Total Capacity:	50
Responsible Director:	Benjamin Carlson	Days of Operation:	M-F	Hours of Operation:	7:00-8:45am 3:00-6:00pm

Inspection Codes: Regulation in Compliance Regulation not in Compliance N/A - Not applicable to this license

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-8

1. (c)(8) Local Health Inspection-Date: 5/6/25

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

- 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)
 - (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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schls-N/A

PROGRAM Kids Koinon @ School LICENSE NUMBER 14444 DATE OF INSPECTION 5/5/25

RECORD KEEPING 19a-79-7a

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

HEALTH and SAFETY 19a-79-7a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u> </u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>10/31/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well <u>Schools-N/A</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u> </u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u> </u> (N/A)
	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<u>LEAD PAINT</u> - Building Pre-78: <u>Y(N)</u> Lead Test: <u>Y(N)</u> Results <u> </u> Lead Management Plan <u> </u>
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <u>Y(N)</u> Inside/Outside
<input checked="" type="checkbox"/> 71.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 76.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
<input checked="" type="checkbox"/> 77.		Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<u>SMOKING</u> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	<u>TOILETING</u> Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u> Air temp <65°F comfortable
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	<u>TELEPHONE/NUMBERS</u> Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	<u>LIGHTING</u> All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: <u> </u> <u>Schls-N/A</u>
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)	<u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u> Pools, swimming areas-conforms to DPH (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER LICENSING - STATE OF CONNECTICUT - HOME INSPECTION

PROGRAM NAME Kids Koinon @ Spencer School	PROG# NUMBER 14444	DATE OF INSPECTION 5/5/25
SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETIS 19a-79-13	

<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
<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> (c)(3)	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
<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING Staff training - first aid
<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a

<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. (a)(2)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	MEDICATION TRAINING Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/> (b)(2)(C)	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

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

"Policy checklist provided prior to this inspection. Program must ensure policies are updated to reflect new requirements"

Signature of OEC staff: *Johanne Dalo*
 Printed Name: Johanne Dalo

Signature of person being inspected: *Benjamin Corbett*
 Printed Name: Benjamin Corbett

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

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 5/19/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Corner @ Spryken School License # 14444 Date: 5/5/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#2(a): Observed an authorized prescriber's permission for benadryl and no medication on site

#5(b)(6): Observed 3 staff without documentation of annual policy training ^{of 50}

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

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

#40(a)(2)(E): Observed 9 individual care plans without parent signature

#161(b)(3)(A-B): Observed 3 permissions without parent signature, 3 medications without authorized prescriber's permission, and 1 expired permission.


#164(b)(5)(A-B): Observed 3 medication without labels.

Discussion: Dirty refrigeration.

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

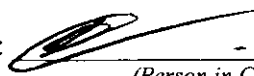
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:


Johanne Salo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:


- Benjamin Carlson
(Person in Charge)

OEC BY:

5/19/25