

CHILD CARE CENTER/SCHOOL AGE ONLY INSPECTION FORM

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

Name:	Kids Korner @ Farm Hill	Date of Inspection:	5/14/25	Time of Arrival:	3:30 pm
Address:	390 Ridge Rd	License Number:	13912	Inspection Date:	3/31/29
City:	Middletown CT 06457	Phone Number:	959-237-2871	Inspection City:	Closed
Organization:	Northern Middlesex YMCA	Full Staff Present:	2	Inspection Time:	16
Contact:	bcarlson@midymca.org	Age Served:	5 years 9 years	Inspection Days:	69
Inspector:	Benjamin Carlson	Days of Operation:	M-F	Inspection Hours:	1:00-9:00am 3:30-6:00pm

STANDARD REQUIREMENTS: Pa-752a		STAFFING and CONSULTANTS: Pa-752b	
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 10/22/24	<input type="checkbox"/> 9.	(a)(1) Staff health records
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a.	(b)(2) Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(5)(A) Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMLETE/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 30.	(e)(1) Designated director-training
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 31.	(f)(1) CPR certified program staff
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(f)(2) First aid certified program staff
<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> 34.	<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (f)	<u>ACCESS</u>	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> 35.	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (m)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i) -	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>	<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> 3a(e)(1)	License posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted		
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy		
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted		
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances		
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available		
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted		

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

Schls-N/A

Kids Corner @ Farm Hill

13912

5/14/25

REGISTRATION

PHYSICAL PLANT

<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)	PARENT PERMISSIONS 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

FOOD SERVICE SAFETY

<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 (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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<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"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 2/26/25
<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)	WATER SUPPLY - Public Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y ^N Lead Test: Y ^N Results _____
	<input checked="" type="checkbox"/> (c)(6)(A)	Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y ^N Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
		Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING 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)	TOILETING 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)	AIR TEMPERATURE 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)	TELEPHONE/NUMBERS 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 type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING 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: _____ (Schls-N/A)
<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.	(i)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)	OUTDOOR SPACE Adequate space- 75 sq. ft. per child
	<input 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)	OUTDOOR PROTECTED/FENCED 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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS 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 / GROUP CHILD CARE HOME INSPECTION

PROGRAM NAME: **Kids Korner @ Farm Hill** LICENSE NUMBER: **13912** DATE: **5/14/25**

SCHOOL AGE ENDORSEMENT (6-7-11) MONITORING OF DISPUTED VIOLATIONS

- 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%

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

ADMINISTRATION OF MEDICATIONS (12-79-94)

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. (a)(2) **NONPRESC. TOPICAL MEDICATION**
Admin/Parent permission/report errors
- 160. (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned
- 161. (b)(1)(A/C) **MEDICATION TRAINING**
Medication training-general-oral/top/inhalant
- 162. (b)(1)(D) Injectable premeasured autoinjector medication
- 163. (b)(1)(E) Rectal medication
- 164. (b)(1)(F) Injectable other than premeasured auto-injector
- 165. (b)(2)(A-B) Training approval documents/certificates
- 166. (b)(2)(C) Training outline on file
- 167. (b)(3)(A-B) Authorized prescriber/parent permission
- 168. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 169. (b)(4)(A-B) Medication Administration Records (MAR)
- 170. (b)(5)(A-B) Labeling and Storage
- 171. (b)(5)(C) Emergency medication inaccessible
- 172. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 173. (b)(5)(E) Auto-injector/inhalant equipment
- 174. (b)(6) Self-administration documentation
- 175. (b)(7)(A-B) Petition for special medication authorization
- 176. (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

(Empty space for discussions and comments)

Signature: *[Handwritten Signature]*
Name: **Johanne Walo**

Signature: *[Handwritten Signature]*
Name: **Benjamin Carkon**

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

Inspection shall be posted on available...
Written Corrective Action Plan Due by: 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 @ Farm Hill License # 13912 Date: 5/14/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#5(b)(6): Observed 2 staff without documentation of annual policy training

#19(a)(6) Observed 2 staff without staff health records.

#111(h)(2): Observed synthetic material for shock absorbing surface. Program does not have documentation on site

#14(b)(9): No head teacher

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 Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/28/25

Signature: [Handwritten Signature] (Person in Charge) Print Name: Benjamin Carlson