

**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

Facility Name:	Kids Korner at Snow School	Date of Inspection:	5/15/25	Time of Arrival:	7:00 am
Address:	299 Wadsworth St	License Number:	15182	Expiration Date:	1/31/29
City:	Middletown, CT 06457	Telephone Number:	959-237-2863	Program Class:	Closed
Operator:	Northern Middlesex YMCA	# of Staff Present:	2	Children Present:	1
Staff:	bcarlson@midymca.org	Age Group:	5 years 12 years	Total Capacity:	50
Inspector:	Benjamin Carlson	Days of Operation:	M-F	Hours of Operation:	6:30-9:00 3:25-6:00

LICENSURE PROCEDURES 19-21

STARTING and CONSULTANTS 19-21

1. (c)(8) Local Health Inspection-Date: 3/11/25

ADMINISTRATION 19-21

- 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. (d)(2)(A) POLICIES-COMplete/IMPLEMENTED
- (d)(2)(B)(C) Discipline policy
- (d)(3) Child Protection policy
- (d)(4)(A) Closing time policy
- (d)(4)(B) Medical emergency policy
- (d)(5) Multi-Hazards policy-annual drill
- (d)(6) Supervision policy
- (d)(6)(C) General Operating policies
- (d)(7) 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)
- (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 - Y/N
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Schls-N/A

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

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-add'l for field trips
 water, phone, soap, emergency numbers,
 medications, plastic bags (N/A)

62. (a)(2) Fire marshal codes/certificate 9/20/24
 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 (Schls-N/A)
 (c)(5)(B) Lead Water Test - Date: _____
 (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
 (c)(6)(A) Drinking water available/accessible
 (c)(6)(A) LEAD PAINT -
 Building Pre-78 (N/A) Lead Test (N/A)
 Results No lead identified
 Lead Management Plan _____
 71. (c)(6)(B-D) Peeling Paint (N/A) Inside/Outside
 72. (d)(2) Emergency vehicle access
 73. (d)(3) Walkways maintained
 76. (d)(5) Windows protected to prevent falls
 77. (d)(6), (f)(3) Overhead doors-locks/spring protectors (N/A)
 Exits, stairs, hallways unobstructed

79. (d)(8)
 (d)(8)
 82. (d)(10)(A)
 (d)(10)(B)
 (d)(10)(D)
 (d)(10)(E)
 (d)(10)(E)
 (d)(10)(F)
 (d)(10)(G)
 (d)(10)(H)
 (d)(11)
 83. (e)(1)
 84. (e)(2)
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 (j)
 (h)(1)
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 (h)(8)
 (h)(9)
 112. (h)(7)
 (h)(7)(B)
 (h)(7)(C)
 114. (i)
 (i)
 (i)

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)

PROGRAM NAME: Kids Kinner@Snow School
 NUMBER: 15182
 DATE: 5/15/25

SCHOOL AGE ENDORSEMENT 19-79-11 MONITORING OF DIABETES 19-79-13 7/1

- 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. **STAFF TRAINING**
- (b)(1)(A) Staff training - first aid
- (b)(1)(B) Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
- (i)-(iii) Training updated at least every 3 years
- (b)(2) Written documentation of training
- (b)(3) Trained staff on site when child is present
- (c)(2) Self-administration - written authorization and under supervision of trained staff
- (c)(3) Equipment provided by parents
- 173. (d)(1) Equipment labeled and inaccessible
- 174. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 175. (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 19-79-9a

- 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
- (b)(3)(A-B) Authorized prescriber/parent permission
- (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 161. (b)(4)(A-B) Medication Administration Records (MAR)
- 162. (b)(5)(A-B) Labeling and Storage
- 163. (b)(5)(C) Emergency medication inaccessible
- 164. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 165. (b)(5)(E) Auto-injector/inhalant equipment
- 166. (b)(6) Self-administration documentation
- 167. (b)(7)(A-B) Petition for special medication authorization
- 168. (b)(6) Potassium Iodide (KI) emergency distribution-permission and storage
- 169. (b)(7)(A-B)
- 170. (d)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

Policy review checklist provided at other program.

Signature of OEC staff: Johanne Dalo

Signature of person in charge: Lisa Fritz

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: 5/29/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Kinner @ Snow School License # 15182 Date: 5/15/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

19(a)(6): Observed 1 staff without health records and 1 staff with incomplete health records (missing statement of good health)

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

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) Johannes Walo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/29/25

Signature: [Handwritten Signature] (Person in Charge) Lisa Fritz