

**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 Room at Macdonough School	Date of Inspection:	8/25/25	Time of Arrival:	2:00pm
Address:	99 Spruce Street	License Number:	15251	Expiration Date:	2/28/29
Town:	Middletown, Ct 06457	Telephone Number:	(959)237-2862	Summer Care:	Closed
Operator:	Northern Middlesex YMCA	# of Staff Present:	1	# children Present:	—
Email:	Beardon@midymca.org	Ages Served:	5-13	Total Capacity:	105
Designated Director:	Benjamin Beardon	Days of Operation:	M-F	Hours of Operation:	7:00-9:00am 3:20-6:00pm

Instruction Codes: = Regulation in Compliance 0 = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

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

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) 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) - Consultant agreements-signed annually-agreements complete w/required services
 - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (F) Consultant visits- Education/Health
 - (i)(2) (H)(i)-(I)(i)

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

PROGRAM NAME <u>Macdonough School</u>	LICENSE NUMBER <u>15251</u>	DATE OF INSPECTION <u>8/25/25</u>
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RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	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

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 79.		<p>SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible</p> <p>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</p> <p>AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected</p> <p>TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number</p> <p>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: <u>(Schls-N/A)</u> Carbon monoxide detector-each level <u>N/A</u> 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</p>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 83.	(d)(11)	
<input checked="" type="checkbox"/> 84.	(e)(1)	
	(e)(2)	
<input checked="" type="checkbox"/> 86.	(e)(4)	
<input checked="" type="checkbox"/> 90.	(e)(6)	
<input checked="" type="checkbox"/> 91.	(e)(7)	
	(e)(7)	
	(e)(7)	
<input checked="" type="checkbox"/> 94.	(e)(8)	
	(e)(9)	
	(e)(9)	
<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 107.	(g)(4)	
<input checked="" type="checkbox"/> 108.	(g)(5)	
<input checked="" type="checkbox"/> 109.	(g)(6)	
<input checked="" type="checkbox"/> 110.	(j)	
<input checked="" type="checkbox"/> 111.		
	(h)(1)	
	(h)(2)	
	(h)(3)	
	(h)(4)	
	(h)(5)	
	(h)(6)	
	(h)(8)	
	(h)(9)	
<input checked="" type="checkbox"/> 112.	(h)(7)	
	(h)(7)(B)	
	(h)(7)(C)	
<input checked="" type="checkbox"/> 114.	(i)	
	(i)	
	(i)	

HEALTH and SAFETY 19a-79-6a

<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>(N/A)</u>
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies <u>(N/A)</u>
<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.	(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)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/26/25</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.		WATER SUPPLY -Public/Well (Schools N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>5/13/25</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input type="checkbox"/> 70.		LEAD PAINT
	<input type="checkbox"/> (c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____
		Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locks/spring protectors <u>(N/A)</u>
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 109.	(g)(6)	
<input checked="" type="checkbox"/> 110.	(j)	
<input checked="" type="checkbox"/> 111.		
	(h)(1)	
	(h)(2)	
	(h)(3)	
	(h)(4)	
	(h)(5)	
	(h)(6)	
	(h)(8)	
	(h)(9)	
<input checked="" type="checkbox"/> 112.	(h)(7)	
	(h)(7)(B)	
	(h)(7)(C)	
<input checked="" type="checkbox"/> 114.	(i)	
	(i)	
	(i)	

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 play. 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)

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

PROGRAM NAME: Kids corner at Macdonough School LICENSE NUMBER: 15251 DATE OF INSPECTION: 8/25/25

SCHOOL AGE ENDORSEMENT 19a-79-11 MONITORING OF DIABETES 19a-79-13 Y/N

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

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

→ Still need comprehensive lead test.
 → Affidavit.
 → Climber on playground will be installed at a later date. Program understands that they will need to notify OEC for an inspection prior to using.

Signature of OEC staff: [Signature]
 Printed Name: Johanne Dalo

Signature of person in charge: [Signature]
 Printed Name: Benjamin Carlson

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: Prior to opening
 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 at Macdonough School. License # 15251 Date: 8/25/25
Observations/Corrections needed:

Measurements

$$\text{Cafe: } (49.66 \times 74.64) - 4(1.5 \times 1.5) = 3,706.62 - 9 = 3,697.62 \div 35 = 105.65$$

OK for 105

$$\text{Gym: } (85.58 \times 54.66) = 4,677.80 \div 35 = 133.65$$

OK for = 133

Playground

$$100 \times 100 = 10,000 \div 75 = 133$$

Total capacity 75
(due to amount of toilets)

Toilets 3
Sinks 4

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: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: River to opening.

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