



**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|   |  |          |                                    |          |                           |   |                                |                                      |                     |                     |
|---|--|----------|------------------------------------|----------|---------------------------|---|--------------------------------|--------------------------------------|---------------------|---------------------|
| <b>Program Name</b>                               | <b>KIDDIE KORNER DAYCARE</b>                     |          |                                    |          | <b>License Number</b>     | <b>DCCC.15687</b>   | <b>Date of Inspection</b>      | <b>05/03/2024</b>                    |                     |                     |
|   |  |          |                                    |          | <b>Expiration Date</b>    | <b>5/31/2026</b>  | <b>Time of Inspection</b>      | <b>08:40 AM</b>                      |                     |                     |
| <b>Address</b>                                    | <b>795 GRAND AVE<br/>NEW HAVEN CT 06511-4942</b> |          |                                    |          | <b>Telephone</b>          | <b>(203) 865-4270</b>   | <b>Licensed Capacity</b>       | <b>43</b>                            |                     |                     |
|   |  |          |                                    |          | <b>Hours of Operation</b> | <b>FROM: 7:00AM TO:<br/>9:30AM; 2:30PM HOURS<br/>FROM: TO: 6PM<br/>SUMMER 7AM-6PM</b> | <b>Infant/Toddler Capacity</b> | <b>0</b>                             |                     |                     |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>                                      |          | <b>No?</b>                         | <b>X</b> |                           |   | <b>Summer Care</b>             | <b>Open</b>                          |                     |                     |
| <b>New Address</b>                                |  |          |                                    |          | <b>Minimum Age Served</b> | <b>3 years</b>  | <b>Maximum Age Served</b>      | <b>12 years</b>                      | <b>Water Supply</b> | <b>Public Water</b> |
|   |  |          |                                    |          | <b>Program's Email</b>    | <b>rchjaguar@yahoo.com</b>  |                                |                                      |                     |                     |
| <b>Operator</b>                                   | <b>KIDDIE KORNER DAYCARE LLC</b>                 |          |                                    |          | <b>Name of Inspector</b>  | <b>Bridget Merrill</b>  |                                |                                      |                     |                     |
| <b>Director</b>                                   | <b>REGINALD HAYES</b>                            |          |                                    |          | <b>Inspector's Email</b>  | <b>bridget.merrill@ct.gov</b>   |                                |                                      |                     |                     |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants - Toddlers Present</b>           | <b>0</b> | <b># of Total Children Present</b> | <b>6</b> | <b># of Staff Present</b> | <b>2</b>  | <b>Type of Inspection</b>      | <b>UNANNOUNCED INSPECTION - FULL</b> |                     |                     |

### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: <b>12/08/2023</b>                   |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

### ADMINISTRATION 19a-79-3a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1b. Administration</b>                                       |  |
| <b>X</b> | <b>1bb. Capacity</b>  |  |
| <b>X</b> | <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>X</b> | <b>3. Annual Staff Policy Training</b>                          |  |
| <b>X</b> | <b>3b. Managing child behavior</b>                              |  |
| <b>X</b> | <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>X</b> | <b>4b. Failure to report</b>                                    |  |

|                                  |   |   |
|----------------------------------|---|---|
| <b>X</b>                         | 5. Notification of Change                       |   |
| <b>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |
| <b>X</b>                         | 7. Daily Attendance Records- staff and children |   |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |   |
| <b>X</b>                         | 8. License                                      |   |
| <b>X</b>                         | 9. Fire Marshal certificate                     |   |
|                                  | Date  | 04/11/2023  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |   |
|                                  | 11. Food Service Certificate                    | N/A?  |
|                                  | Date  | X   |
| <b>X</b>                         | 12. Menus                                       |   |
| <b>X</b>                         | 13. Emergency plans                             |   |
| <b>X</b>                         | 14. No Smoking Signs                            |   |
| <b>X</b>                         | 15. Radon Test                                  | N/A?  |
|                                  | Date  | Results   |
|                                  | 02/05/2024                                      | 1.5   |
| <b>X</b>                         | 15a. Developmental Milestones                   |   |
| <b>X</b>                         | 15b. Access                                     |   |
| <b>X</b>                         | 15bb. Endorsements                              |   |
| <b>STAFFING 19a-79-4a</b>        |   |   |
| <b>X</b>                         | 15c. Staffing                                   |   |
| <b>X</b>                         | 16. Staff Health records – TB tests             |   |
| <b>X</b>                         | 17. Professional development                    |   |
| <b>X</b>                         | 18. Disciplinary actions                        |   |
| <b>X</b>                         | 18b. Background checks                          |   |

|                                 |   |                   |               |                       |               |                         |
|---------------------------------|---|-------------------|---------------|-----------------------|---------------|-------------------------|
| <b>X</b>                        | 19. Designated Head Teacher               |                   |               |                       |               |                         |
| <b>X</b>                        | 20. Two Staff present                     |                   |               |                       |               |                         |
| <b>X</b>                        | 20a. Staff Qualities                      |                   |               |                       |               |                         |
| <b>X</b>                        | 21. Ratio: 1 staff to 10 children         |                   |               |                       |               |                         |
| <b>X</b>                        | 21b. Supervision                          |                   |               |                       |               |                         |
| <b>X</b>                        | 22. Group Size – maximum 20 children      |                   |               |                       |               |                         |
| <b>X</b>                        | 23. Designated director - Training        |                   |               |                       |               |                         |
| <b>X</b>                        | 24. CPR Certified Staff (Group Home N/A)  |                   |               |                       |               |                         |
| <b>X</b>                        | 25. First Aid Trained Staff               |                   |               |                       |               |                         |
| <b>X</b>                        | 26. Consultants- Agreements and Contracts |                   |               |                       |               |                         |
| <b>X</b>                        | 27. Logs – Visits documented              |                   |               |                       |               |                         |
|                                 | Not in Compliance?                        | <b>Education</b>  | <b>Health</b> | <b>Social Service</b> | <b>Dental</b> | <b>Dietician N/A? X</b> |
|                                 | Contracts                                 |                   |               |                       |               |                         |
|                                 | Logs                                      |                   |               |                       |               |                         |
|                                 | Do they take children swimming?           | <b>N SWIMMING</b> |               |                       |               |                         |
| <b>X</b>                        | 28. Non-swimmers identified               |                   |               |                       |               |                         |
| <b>X</b>                        | 29. Staff/Child Ratios                    |                   |               |                       |               |                         |
| <b>X</b>                        | 30. CPR certified staff (20 years of age) |                   |               |                       |               |                         |
| <b>X</b>                        | 31. Lifeguard certified - supervision     |                   |               |                       |               |                         |
| <b>RECORD KEEPING 19a-79-5a</b> |   |                   |               |                       |               |                         |
| <b>X</b>                        | 32. Enrollment information                |                   |               |                       |               |                         |
| <b>X</b>                        | 33. Emergency medical permission          |                   |               |                       |               |                         |
| <b>X</b>                        | 34. Authorized release permission         |                   |               |                       |               |                         |
| <b>X</b>                        | 35. Field trip permission                 |                   |               |                       |               |                         |
| <b>X</b>                        | 36. Transportation permission             |                   |               |                       |               |                         |

|                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="radio"/>               | 37. Child health records and immunizations                           | Failed to maintain documentation that the child(ren) have been screened for TB risk factors. Observed 1 child health record missing documentation of TB risk. |  |
| <input checked="" type="checkbox"/> | 38. Individual care plan (signed by parents and staff)               |   |  |
| <input checked="" type="checkbox"/> | 39. Injury, Illness, Accident reports                                |   |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b>  |  |   |  |
| <input checked="" type="checkbox"/> | 40. Nutritious snacks and meals (required food groups)               |   |  |
| <input checked="" type="checkbox"/> | 41. Proper refrigeration (max 45°)                                   |   |  |
|                                     | 42. Kitchen separated  | N/A?<br><input checked="" type="checkbox"/>   |  |
| <input checked="" type="checkbox"/> | 43. Hand washing – before eating or food handling                    |   |  |
| <input checked="" type="checkbox"/> | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       |   |  |
| <b>PHYSICAL PLANT 19a-79-7a</b>     |  |   |  |
| <input checked="" type="checkbox"/> | 45. License premises – clean, good repair, hazard free               |   |  |
| <input checked="" type="checkbox"/> | 47b. Plans for new construction, expansion, renovation or conversion |   |  |
| <input checked="" type="checkbox"/> | 48. Sanitary drinking fountains – disposable cups                    |   |  |
| <input checked="" type="checkbox"/> | 49. Lead Water Test (N/A?)<br>08/01/2022                             | Bacterial/Chemical Test (N/A?)<br><input checked="" type="checkbox"/>   |  |
| <input checked="" type="checkbox"/> | 50. Walkways maintained  |   |  |
| <input checked="" type="checkbox"/> | 51. Designated staff toilet/sink                                     |   |  |
| <input checked="" type="checkbox"/> | 52. All openings for ventilation screened                            |   |  |
| <input checked="" type="checkbox"/> | 53. Windows protected to prevent falls                               |   |  |
| <input checked="" type="checkbox"/> | 54. Glass protected up to 36"  |   |  |
| <input checked="" type="checkbox"/> | 55. Overhead doors – locking devices, spring protectors              |   |  |
| <input checked="" type="checkbox"/> | 56. Exits, Hallways and Stairs unobstructed                          |   |  |

|          |   |  |
|----------|---|--|
| <b>X</b> | 57. Individual storage of clothing and bedding            |  |
| <b>X</b> | 58. Smoking prohibited                                    |  |
| <b>X</b> | 59. Matches and lighters inaccessible                     |  |
| <b>X</b> | 60. Electrical safety – outlets/cords                     |  |
| <b>X</b> | 61. Toileting needs met                                   |  |
| <b>X</b> | 62. Required toilets, sinks, supplies                     |  |
| <b>X</b> | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| <b>X</b> | 64. Hand washing after toileting – staff and children     |  |
| <b>X</b> | 65. Ventilation in toilet rooms                           |  |
| <b>X</b> | 66. Air temperature 65 degrees, thermometer affixed       |  |
| <b>X</b> | 67. Water temperature 60° – 115°                          |  |
| <b>X</b> | 68. Portable space heaters                                |  |
| <b>X</b> | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
| <b>X</b> | 70. Rugs secure   |  |
| <b>X</b> | 71. Hot water, steam pipes protected                      |  |
| <b>X</b> | 72. Working phone on each level                           |  |
| <b>X</b> | 73. Emergency numbers posted                              |  |
| <b>X</b> | 74. Adequate lighting - 50/30 candle feet                 |  |
| <b>X</b> | 75. Light fixtures shielded, shatter proof                |  |
| <b>X</b> | 76. Potentially hazardous substances locked               |  |
| <b>X</b> | 77. Garbage, rubbish disposed daily                       |  |

|  |   |   |
|--|---|---|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |   |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br>N  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br>Y   |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |   |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |   |
| <b>X</b>                                       | 83. Cots stored, maintained, adequate number                  |   |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |   |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br>N  |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |   |
| <b>OUTDOOR SPACE</b>                           |   |   |
| <b>X</b>                                       | 87. Outdoor space - adequate square footage per child         |   |
| <b>X</b>                                       | 88. Impact absorbing material under equipment                 |   |
| <b>O</b>                                       | 89. Playground free from hazards                              | Failed to ensure the playground is free of glass, debris, holes and other hazards. Observed areas of broken plastic on large motor climbing equipment/ slide.   |
| <b>X</b>                                       | 92. Equipment anchored, safely arranged                       |   |
| <b>X</b>                                       | 93. Outdoor play area protected, fenced                       |   |
| <b>X</b>                                       | 94. Drinking water available, accessible                      |   |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |   |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |   |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |   |
| <b>X</b>                                       | 97. Written policies, procedures                              |   |
| <b>X</b>                                       | 98. Training outline on file                                  |   |

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |   |            |   |   |  |
|-------------------------------------|--|---|------------|---|---|--|
| <b>X</b>                            | 99. Administration, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 100. Labeling, storage   |   |            |   |   |  |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |   |            |   |   |  |
| <b>X</b>                            | 101. Med trained staff, certificates   |   |            |   |   |  |
|                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> | O/T/I                                       | Injectable | Y | Y |  |
| O/T/I                               | Injectable   |   |            |   |   |  |
| Y                                   | Y  |   |            |   |   |  |
| <b>X</b>                            | 102. Authorized prescriber, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 103. Labeling, storage   |   |            |   |   |  |
| <b>X</b>                            | 104. Unused, expired meds returned/disposed  |   |            |   |   |  |
| SELF-ADMINISTRATION                 |  |   |            |   |   |  |
| <b>X</b>                            | 105. Authorized prescriber, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 106. Labeling, storage   |   |            |   |   |  |
| <b>X</b>                            | 107. Approved petition for special medication authorization  |   |            |   |   |  |
| <b>No</b>                           | Is there an approved endorsement?  | <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b> |            |   |   |  |
|                                     | 109. Approved endorsement  |   |            |   |   |  |
|                                     | 110. Ratio: 1 staff to 4 children  |   |            |   |   |  |
|                                     | 111. Group size: no larger than 8  |   |            |   |   |  |
|                                     | 112. Physical barriers, groups of 8 (indoors and outdoors)   |   |            |   |   |  |
|                                     | 113. Adequate sinks in program space   |   |            |   |   |  |
|                                     | 114. Free standing, well-constructed, safe cribs   |   |            |   |   |  |
|                                     | 115. Washable cots   |   |            |   |   |  |
|                                     | 116. Chairs for feeding, stable, safety straps, locking tray   |   |            |   |   |  |
|                                     | 117. Developmentally appropriate tables, chairs, equipment   |   |            |   |   |  |
|                                     | 118. Refrigerators and food prep facilities  |   |            |   |   |  |

|  |     |    |  |
|--|-----|----|--|
| 119. Diaper area-<br>sturdy, safety rail,<br>nonporous, exclusive<br>use |     |    |  |
| 120. Diaper area-<br>washed, disinfected                                 |     |    |  |
| 121. Diaper area-<br>disposable paper<br>sheets                          |     |    |  |
| 122. Covered waste<br>receptacle   |     |    |  |
| 123. Diaper<br>changing policy<br>posted, followed                       |     |    |  |
| 124. Hand washing<br>policy posted,<br>followed                          |     |    |  |
| 125. Individual<br>storage of personal<br>items                          |     |    |  |
| 126. Cribs/cots<br>washed and<br>disinfected                             |     |    |  |
| 127. Under 12<br>months- placed on<br>back for sleeping                  |     |    |  |
| 128. Alternate sleep<br>position-<br>equipment, medical<br>documentation | Yes | No |  |
| 129. Crib, bed used<br>for infant sleeping                               |     |    |  |
| 130. Crib, bed free<br>from observable<br>hazards                        |     |    |  |
| 131. Infant toys<br>separate, washed,<br>disinfected daily               |     |    |  |
| 132. No toys, objects<br>less than 1/1/4"<br>diameter                    |     |    |  |
| 133. Plastic bags,<br>balloons, Styrofoam<br>objects inaccessible        |     |    |  |
| 134. Health<br>consultant, doc. of<br>visits                             |     |    |  |
| 135. Infants held for<br>bottles, indiv.<br>attention, tummy<br>time     |     |    |  |
| 136. Written<br>statement, feeding<br>schedule from<br>parent            |     |    |  |
| 137. Unused<br>portions of liquids<br>discarded                          |     |    |  |
| 138. Clean Bottles,<br>disp. bottles,<br>approved bottle<br>washing      |     |    |  |
| 139. Food served<br>from dish or whole<br>jar served                     |     |    |  |
| 140. Bottles<br>individually<br>identified with<br>child's name          |     |    |  |

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
|            | 141. Play space fenced                                   |  |
|            | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |  |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 148. Approved endorsement                                |  |
|            | 149. Written program plan, supervision                   |  |
|            | 150. Staff awake and available                           |  |
|            | 151. Cot, crib, bedding, toiletries, sleep apparel       |  |
|            | 152. Individual storage of personal items                |  |
|            | 153. Bedding, sleeping apparel laundered weekly          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 159. Signed agreement with parents regarding equipment |  |
| <b>X</b> | 160. Materials discarded appropriately                 |  |
| <b>X</b> | 161. Authorized prescriber, parent permission          |  |
| <b>X</b> | 162. Documentation of test results, actions taken      |  |
| <b>X</b> | 163. Daily written parent notification                 |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |   | <b>X</b> |  |




|                          |   |
|--------------------------|---|
| <u>YES or NO?</u><br>Yes | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|--------------------------|---|

**DISCUSSIONS:**

Discussed updating the wording on the health consultant's contract to reflect the responsibilities listed in the regulations. Discussed using the child enrollment form on OEC website. Observed outdoor first aid kit manual to be more than 5yrs old (2018). Indoor first aid kit has current manual. Program to obtain a current manual less than 5yrs in print for the outdoor first aid kit.

**COMMENTS:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |  |                                |  |
|---|--|--------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Bridget Merrill</b><br>(Printed Name)  | <br>(Printed Name)   | <b>05/17/2024</b>              | <b>Reginald Hayes</b><br>(Printed Name)  |