2024-1177

☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare - Cromwell Date: 11/6/24 Time: 9:30

Location Address: 196 Berlin RD Cromwell, CT 06416 Telephone #: 860-613-2263

e-mail address: Basya.brown@kindercare.com License #: 15539 Expiration Date: 1/30/25

Capacity: 164/56 # of Children Present: 82 # of Staff Present: 23

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** _____

Purpose of visit: Complaint 2024-1177 - Self Report

Observations/Corrections needed:

PIC Basya Brown - Director

(NS) 19a-79-3a(b)(6)- Administration- Annual training/orientation - OEC observed documentation that Program provided annual training to staff

(S) 19a-79-3a(g)- Administration- Ensuring Safety, Health and Development of children - Staff did not ensure the health and safety of a child when staff inappropriately lifted a child by one hand/arm after changing the child, to move to a sitting position. Child sustained a Nurse's elbow as a result of staff not adhering to the program's proper lifting guidance/policy.

(NS) 19a-79-5a(a)(3) - Record Keeping - Injury, illness, incident and accident reports - OEC observed an incident/accident report for a child who sustained a Nurse's elbow.

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: Valeria Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/21/24

Signature: Basya Brown
(Person in Charge)