

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

Kindercare Learning Center	12/9/24	8:45am
143 Pascone Place	3765	1/31/25
Newington, CT 06111	860 66507	open
Kindercare Education LLC	# of Staff Present: 14	# over 3 Present: 38
Newington@kindercare.com	Total Capacity: 113	Total Under 3 capacity: 64
Jessica Wesh	Hours/Days of Operation:	Mon-F 6:30am-6pm

N/A = Not Applicable at this time ✓ = Regulation in Compliance ○ = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

INSPECTION PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 12/6/23

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. (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
12. (d)(1)	Personnel policies
13. (f)	Daily attendance-children/staff- keep 1 yr.
(h)	ACCESS
(l)	Immediate access by parents
(m)	Immediate access by OEC-facility/records
(n)	2.8 yr olds enrolled in preschool-authorization
(o)	Motor vehicle laws-transportation
(e)(1)	Capacity
(e)(2)	Respond to OEC-no false, misleading statements or documents
(e)(3)	POSTINGS
(e)(4)	License posted
(e)(5)	OEC Complaint Procedure posted
(e)(6)	Menus posted
	No Smoking posted signs at entrances
	OEC Inspection report posted or available
	Developmental Milestones posted

19. (a)(1)	Staff health records
20. (a)(3)	Disciplinary actions
21. (b)	Comprehensive Background Checks
22. (b)(4)	Evidence of compliance
23. (d)	Adequate staffing
24. (d)(1)	Designated head teacher-approved-60%
25. (d)(2)	Two staff present-age 18 or older
26. (d)(3)(A-C)	Personal qualities of staff
27. (d)(4)(A)	RATIOS
(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
(d)(6)	Mixed age group-ratios
28. (d)(4)(D)	Nap time ratio
29. (d)(5)	Supervision-Indoors/Outdoors
(d)(5)(A)	GROUP SIZE
(d)(5)(B)	Group Size-Indoors/Outdoors
(e)(1)	Group Size-school age field trips/outdoors
(f)(1)	Mixed age group-group size
(f)(2)	Designated director-training
30. (e)(1)	CPR certified program staff
31. (f)(1)	First aid certified program staff
32. (f)(2)	PROFESSIONAL DEVELOPMENT
33. (a)(2)	Documentation
(h)(1)(2)	Health & Safety training
(h)(1)(2)	1% annual hours
(4)(C)(ii-v)	SWIMMING ACTIVITIES - <input checked="" type="checkbox"/>
(4)(C)(i)	Swimming-Ratios
(e)(6)	Non-swimmers identified
(e)(6)	CPR certified staff-age 20 or older
(i)(1)(A)-(D)	Lifeguard-certified-supervising
(i)	CONSULTANTS
(i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (N/A)
(F)	Consultant agreements-signed annually
(i)(2)	Agreements complete w/required services
(H)(i)-(I)(i)	Consultant logs-documented activities, observations and required services
	Consultant visits- Education/Health

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

Kindercare 12/9/24 13765

RECORDS AND INFORMATION 19a-79-5 PHYSICAL PLANT 19a-79-6a

36. <input checked="" type="checkbox"/>	(a)(1)(A-C)	Children's Enrollment information	72. <input checked="" type="checkbox"/>	(d)(2)	Walkways maintained
37. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	73. <input checked="" type="checkbox"/>	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	74. <input checked="" type="checkbox"/>	(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	75. <input checked="" type="checkbox"/>	(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	76. <input checked="" type="checkbox"/>	(d)(5)	Overhead doors-locking devices, spring protectors N/A
38. <input checked="" type="checkbox"/>	(a)(2)(A-B)	Transportation permission	77. <input checked="" type="checkbox"/>	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39. <input checked="" type="checkbox"/>	(a)(2)(C)	Child Health Records	78. <input checked="" type="checkbox"/>	(d)(7)	Individual storage of clothing/bedding
40. <input checked="" type="checkbox"/>	(a)(2)(E)	Immunization records	79. <input checked="" type="checkbox"/>	(d)(8)	Smoking or vaping prohibited on premises/grounds
41. <input checked="" type="checkbox"/>	(a)(3)(A)	Individual care plan-signed by parents/staff	80. <input checked="" type="checkbox"/>	(d)(8)	Matches/lighters inaccessible
42. <input checked="" type="checkbox"/>	(a)(3)(B)	Injury, Illness, Incident, Accident reports	81. <input checked="" type="checkbox"/>	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
43. <input checked="" type="checkbox"/>	(a)(3)(C)(i-ii)	Parent notification of illness or injury	82. <input checked="" type="checkbox"/>		TOILETING
44. <input checked="" type="checkbox"/>	(a)(3)(D)	Notify OEC of serious injuries, fatality			Shared toilets/sinks-supervision plan
45. <input checked="" type="checkbox"/>	(a)(4)	Notify DPH, local health-reportable diseases			Toileting needs met
		Video recordings- keep 30 days			Potty chairs-nonporous, emptied, disinfected

HEALTH and SAFETY 19a-79-6a

46. <input checked="" type="checkbox"/>	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	83. <input checked="" type="checkbox"/>	(d)(10)(A)	Required toilets/sinks-1:16
47. <input checked="" type="checkbox"/>	(a)(2)	Nutritious meals and snacks	84. <input checked="" type="checkbox"/>	(d)(10)(B)	Required toilets/sinks-1:25 schl age only
48. <input checked="" type="checkbox"/>	(a)(3)	Proper refrigeration-41 degrees		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
49. <input checked="" type="checkbox"/>	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Handwashing staff/children
50. <input checked="" type="checkbox"/>	(a)(5)	Food Service Inspection <u>6/30/24</u> N/A		(d)(10)(D)	Toilets/sinks located-at the facility or licensed premises
51. <input checked="" type="checkbox"/>	(a)(6)	Kitchen-clean, safe storage of food/supplies		(d)(10)(E)	Well lighted/ventilated toilet rooms
52. <input checked="" type="checkbox"/>	(a)(7)	Separate hand washing facilities		(d)(10)(E)	Mechanical ventilation (Grp Homes N/A)
53. <input checked="" type="checkbox"/>	(a)(8)	Multi-use eating/drinking utensils		(d)(10)(F)	Staff personal articles inaccessible
54. <input checked="" type="checkbox"/>	(a)(9)	Kitchen separated (Schl age only N/A)		(d)(10)(G)	AIR TEMPERATURE
55. <input checked="" type="checkbox"/>	(a)(10)	Children supervised during meal prep		(d)(10)(H)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
56. <input checked="" type="checkbox"/>	(a)(11)	Handwashing-staff/children		(d)(11)	Air temp <65°F comfortable (Schl age only-N/A)
57. <input checked="" type="checkbox"/>	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms			Air temp > 80 °F - ↑ fluids/ventilation
58. <input checked="" type="checkbox"/>	(b)(2)	Designated isolation area			Water temperature 60 °F - 120 °F
59. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips			Portable space heaters prohibited
60. <input checked="" type="checkbox"/>	<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			Walls/ceilings/floors/rugs-clean/good repair
61. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags			Rugs- not tripping/slipping hazard

PHYSICAL PLANT 19a-79-7a

62. <input checked="" type="checkbox"/>	(a)(2)	Fire marshal codes/certificate <u>11/18/24</u>	95. <input checked="" type="checkbox"/>	(e)(1)	Air temp > 80 °F - ↑ fluids/ventilation
63. <input checked="" type="checkbox"/>	(b)	Indoor/Outdoor space inspected/approved		(e)(2)	Water temperature 60 °F - 120 °F
64. <input checked="" type="checkbox"/>	(b)(1)-(5)	Construction/expansion/renovation/conversion		(e)(3)	Portable space heaters prohibited
65. <input checked="" type="checkbox"/>	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		(e)(4)	Walls/ceilings/floors/rugs-clean/good repair
66. <input checked="" type="checkbox"/>	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established		(e)(5)	Rugs- not tripping/slipping hazard
67. <input checked="" type="checkbox"/>	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)		(e)(6)	Hot water/Steam pipes protected
68. <input checked="" type="checkbox"/>	(c)(4)	Testing of premises/grounds for chemicals		(e)(7)	Working phone on each level
69. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)		(e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>6/9/24</u>		(e)(7)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)		(e)(8)	LIGHTING
70. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible		(e)(9)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
71. <input checked="" type="checkbox"/>	(d)(1)	Emergency vehicle access		(e)(10)	Schl age only-lighting for comfort

NAME: Kindercare NUMBER: 13765 DATE: 12/9/24

PHYSICAL PLANT 19a-79-10		UNDER THREE ENDORSEMENT 19a-79-10		
✓ 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	✓ 129.	<input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4)
✓ 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	✓ 130.	<input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1)
✓ 110.	(j)	No weapons/no facsimile of a firearm	✓ 131.	<input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3)
✓ 111.	<input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9)	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	<input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5)	
✓ 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8)	
✓ 113.	<input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132. (h)(1) <input checked="" type="checkbox"/> 133. (h)(2) <input checked="" type="checkbox"/> 134. (h)(2)	
✓ 114.	<input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 135. (i)(1)(2A-C) <input checked="" type="checkbox"/> 136. (j)	

EDUCATIONAL REQUIREMENTS 19a-79-8a		SCHOOL AGE ENDORSEMENT 19a-79-11	
✓ 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5)
✓ 116.	(a) <input checked="" type="checkbox"/> (1)-(11) <input checked="" type="checkbox"/> (b)	EDUCATIONAL REQUIREMENTS Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games	<input checked="" type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10		SCHOOL AGE ENDORSEMENT 19a-79-11	
✓ 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)
✓ 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. (c)
✓ 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. (c)(1) <input checked="" type="checkbox"/> (c)(2)
✓ 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(3)
✓ 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e) <input checked="" type="checkbox"/> 145. (f)
✓ 122.	(d)(2)(A-i-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 146. (g)
✓ 123.	(d)(2)(B)	Washable cots	
✓ 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	
✓ 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	
✓ 126.	(d)(2)(E)	Refrigerator and food prep facilities	
✓ 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	
✓ 128.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)(9) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(10)(A-C)	DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed	

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM - Page 4

LICENSE NUMBER <i>13765</i>	DATE OF INSPECTION <i>12/9/24</i>
NIGHT CARE ENDORSEMENT 19-79-12 <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19-79-13 <input checked="" type="checkbox"/>

147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
151.	(b)(4)	Children in care no more than 12 hrs. in 24			<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
152.	(b)(5)	Staff awake and available			<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
153.		SLEEP PROVISIONS			<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled		<input checked="" type="checkbox"/>	174.	Equipment provided by parents
	<input type="checkbox"/> (b)(6)(B)	Required bedding		<input checked="" type="checkbox"/>	175.	Equipment labeled and inaccessible
	<input type="checkbox"/> (b)(6)(C)	Required toiletries		<input checked="" type="checkbox"/>	176.	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly				Authorized prescriber written order
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants				Written authorization from parent
154.	(b)(8)	Air temp 65 °F at 3 ft		<input checked="" type="checkbox"/>	177.	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
155.	(b)(9)	Fire marshal approval-hours specified		<input checked="" type="checkbox"/>	178.	
156.	(b)(10)	Local health approval		<input checked="" type="checkbox"/>	179.	

ADMINISTRATION OF MEDICATIONS 19-79-9a <input checked="" type="checkbox"/>	ADDITIONAL VIOLATION						
157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes					

159.	(a)(2)	Admin/Parent permission/report errors	<p style="text-align: center;">DISCUSSIONS - COMMENTS</p> <p><i>- New regulations</i></p> <p><i>- Updating policy/Procedures, educational requirement, consultant contracts and annual education consultant visit, health & safety training</i></p> <p><i>- Toiletry diaper policy posted</i></p> <p><i>- Citations on supplemental report</i></p> <p><i>- Discussed to review new regulations for compliance by Jan 1.</i></p>			
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage				
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned				
160.		MEDICATION TRAINING				
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant				
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication				
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication				
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector				
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates				
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file				
161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
164.	(b)(5)(A-B)	Labeling and Storage				
165.	(b)(5)(C)	Emergency medication inaccessible				
166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
167.	(b)(5)(E)	Auto-injector/inhalant equipment				
168.	(b)(6)	Self-administration documentation				
169.	(b)(7)(A-B)	Petition for special medication authorization				
170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

SIGNATURE OF OEC STAFF	<i>Mia Miller</i>	SIGNATURE OF PERSON IN CHARGE	<i>Jessica Wesh</i>
PRINTED NAME	<i>Keikerman</i>	PRINTED NAME	<i>Jessica Wesh</i>

DEC DIVISION OF LICENSING 150 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oc.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <i>12/23/24</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolve-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare License # 13765 Date: 12/9/24

Observations/Corrections needed:

Regulations not in compliance when

- # 35f - observed no logs review of annual policies ^{procedures} ~~and~~ cff) and plans documented by Education and dietitian Consultants
- # 50 observed expired food service inspection certificate send copy to agency cff)
- # 60(c) observed no ~~hand~~ ^{cff)} CPR mouth barrier, ~~hand~~ ^{cff)} gloves in first aid supplies.
- # 60(c)(2) - observed dusty vents in 2s bathroom, staff bathroom Tod C room, 2B room observed water stains on ceiling tiles in rooms Tod B, preschool A, Tod C
- # 88 - observed dirty carpets in preschool A, 2A and 2B, preschool B, and preschool C. Stained rugs in ^(animal) Tod A, 2B, preschool B (kid faces), Tod D (ABC), preschool C (Saar plants), and Tod C (ABC)

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: *Sha Miller*

Print Name: William ^(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Jessica Wash*

OEC BY: 12/23/24

Print Name: Jessica Wash ^(Person in Charge)