

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



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

Kinder Care Learning Center		12-2-24	9:00 am
3025 Dixwell Avenue		15871	3-31-25
Hamden 06518		203-248-8262	Open
Kindercare Learning Centers LLC		# of Staff Present: 15	# over 3 Present: 35 <sup>61</sup>
301764@klcorp.com		Total Capacity: 168	# under 3 Present: 35
Nicolle Majorino			Ages Served: 6w-12y
			M-F 6:30-6:30

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

**LICENSED REQUIREMENTS**

<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: <u>4.9.24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 35. (f)(2)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> (a)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 13. (f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(2)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(2)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(3)	License posted		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(5)	Menus posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		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"/>



Kindercare

15871

12-2-24

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a

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

<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 82.	

Walkways maintained
Windows protected to prevent falls
Window screens (Schl age only- N/A)
Glass and mirrors protected to 36"
Overhead doors-locking devices, spring protectors (N/A)
Exits, stairs, hallways unobstructed
Individual storage of clothing/bedding
Smoking or vaping prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<b>TOILETING</b>
Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
Required toilets/sinks-1:25 schl age only
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located-at the facility or licensed premises
Well lighted/ventilated toilet rooms
Mechanical ventilation (Grp Homes N/A)
Staff personal articles inaccessible
<b>AIR TEMPERATURE</b>
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
Air temp <65°F comfortable (Schl age only-N/A)
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60 °F - 120 °F
Portable space heaters prohibited
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not tripping/slipping hazard
Hot water/Steam pipes protected
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number
<b>LIGHTING</b>
All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
Schl age only-lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials - labeled, inaccessible
Garbage/rubbish-disposed of daily, container 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
Prevention of vermin-openings screened
Radon test- Results: 1.5 N/A
Results posted-Date: 12-30-02 (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
Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
Air conditioners, water heaters, fuse boxes inaccessible
Developmentally app equipment, materials

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>1-26-24</u> N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<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"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> 83.	(d)(10)(A)
<input checked="" type="checkbox"/> 84.	(d)(10)(B)
	(d)(10)(C)
	(d)(10)(C)
	(d)(10)(D)
	(d)(10)(E)
	(d)(10)(F)
	(d)(10)(G)
	(d)(10)(H)
	(d)(11)
<input checked="" type="checkbox"/> 85.	(e)(1)
	(e)(1)
	(e)(2)
<input checked="" type="checkbox"/> 86.	(e)(3)
<input checked="" type="checkbox"/> 87.	(e)(4)
<input checked="" type="checkbox"/> 88.	(e)(5)
<input checked="" type="checkbox"/> 89.	(e)(5)
<input checked="" type="checkbox"/> 90.	(e)(6)
<input checked="" type="checkbox"/> 91.	(e)(7)
<input checked="" type="checkbox"/> 92.	(e)(7)
<input checked="" type="checkbox"/> 93.	(e)(7)
<input checked="" type="checkbox"/> 94.	(e)(7)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12-3-15-24</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 type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of supplies/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>4-17-24</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 checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y <input checked="" type="checkbox"/> Inside/Outside
		Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N
		Results <u>no lead identified</u>
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>na</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input 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"/> 100.	(e)(16)
<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"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> (e)(11)
<input checked="" type="checkbox"/> (e)(12)
<input checked="" type="checkbox"/> (e)(13)
<input checked="" type="checkbox"/> (e)(14-15)
<input checked="" type="checkbox"/> (e)(16)
<input checked="" type="checkbox"/> (e)(17)
<input checked="" type="checkbox"/> (e)(18)
<input checked="" type="checkbox"/> (f)(1)(A)
<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> (g)(4)







Kindercare

15871

12.2.24

**NIGHT CARE ENDORSEMENT 19a-79-42 (19a-79-40)**

**MONITORING OF DIABETES 19a-79-43**

- 147. (b)
  - 148. (b)(1)
  - 149. (b)(2)
  - 150. (b)(3)
  - 151. (b)(4)
  - 152. (b)(5)
  - 153. (b)(6)
  - 154. (b)(8)
  - 155. (b)(9)
  - 156. (b)(10)
- Approved Night Care Endorsement  
 Person in charge-head teacher  
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 Written plan for supervision including cot placement and evacuation  
 Children in care no more than 12 hrs. in 24  
 Staff awake and available  
**SLEEP PROVISIONS**  
 Individual cot/crib with bedding  
 Sleeping apparel/toiletries labeled  
 Required bedding  
 Required toiletries  
 Bedding/sleeping apparel laundered weekly  
 Sleep arrangements for infants  
 Air temp 65 °F at 3 ft  
 Fire marshal approval-hours specified  
 Local health approval

- 171. (a)(1)
  - 172. (b)(1)(A)
  - (b)(1)(B) (i)-(iii)
  - (b)(2)
  - (b)(3)
  - (c)(2)
  - (c)(3)
  - 174. (d)(1)
  - 175. (d)(2)
  - 176. (d)(3)
  - 177. (e)(1)
  - 178. (e)(2)
  - 179. (e)(3)
- Written policies and procedures  
**STAFF TRAINING**  
 Staff training – first aid  
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
 Training updated at least every 3 years  
 Written documentation of training  
 Trained staff on site when child is present  
 Self-administration - written authorization and under supervision of trained staff  
 Equipment provided by parents  
 Equipment labeled and inaccessible  
 Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 Authorized prescriber written order  
 Written authorization from parent  
 Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a (N)**

**ADDITIONAL VIOLATION**

- 157. (9a)
  - 158. (9a)
  - 159. (a)(2)
  - (a)(3)(A-B)
  - (a)(3)(C)
  - 160. (b)(1)(A/C)
  - (b)(1)(D)
  - (b)(1)(E)
  - (b)(1)(F)
  - (b)(2)(A-B)
  - (b)(2)(C)
  - 161. (b)(3)(A-B)
  - 162. (b)(3)(D)
  - 163. (b)(4)(A-B)
  - 164. (b)(5)(A-B)
  - 165. (b)(5)(C)
  - 166. (b)(5)(D)
  - 167. (b)(5)(E)
  - 168. (b)(6)
  - 169. (b)(7)(A-B)
  - 170. (d)
- Written medication policies/procedures  
 Permit enrollment of children with asthma, allergies, diabetes  
**NONPRESC. TOPICAL MEDICATION**  
 Admin/Parent permission/report errors  
 Labeling and Storage  
 Unused/expired meds destroyed/returned  
**MEDICATION TRAINING**  
 Medication training-general-oral/top/inhalant  
 Injectable premeasured autoinjector medication  
 Rectal medication  
 Injectable other than premeasured auto-injector  
 Training approval documents/certificates  
 Training outline on file  
 Authorized prescriber/parent permission  
 Medication errors- documentation, parent(s) and OEC notification  
 Medication Administration Records (MAR)  
 Labeling and Storage  
 Emergency medication inaccessible  
 Unused/Expired meds-destroyed/returned  
 Auto-injector/inhalant equipment  
 Self-administration documentation  
 Petition for special medication authorization  
 Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

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

**DISCUSSIONS - COMMENTS**

Discussed new regulations and provided <sup>new</sup> complaint procedure

**SIGNATURE OF OEC STAFF** Jen Schulz / Bridget L. Merriam  
**PRINTED NAME** Jen Schulz / BRIDGET L. MERRIAM

**SIGNATURE OF PERSON IN CHARGE**   
**PRINTED NAME** Nicolle Maiorino

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  
 Written Corrective Action Plan Due by: 12/16/24  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>



SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare License # 15871 Date: 12.2.24

Observations/Corrections needed:

- \*100- observed 1 dresser in Infant A not secure, soiled light cover in before/after school boys bathroom, dusty bathroom vents in Multiage B, C and Kitchen bathroom
- \*95- observed ~~unlocked~~ <sup>accessible</sup> cleaning products in Toddler E diaper table and Toddler H under diaper sink
- \*108- Manufacturer's guideline weren't followed when a step 2 slide was put on grass in playground
- \*111- observed no shock material under step 2 slide in grass yard and observed exposed screws and on-fencing posts/gates in preschool and under 3 playgrounds and walk way gate
- \*157- observed accessible diaper creams under diaper table in Toddler E

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: Jen Schultz  
(OEC Representative)

Print Name: Jen Schultz / BRIDGET L. TREKUN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 12.16.24

Print Name: Nicole Maiorino