



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

Program Name:	Kids Club Learning + Day Care	Date of Inspection:	12/23/24	Time of Arrival:	9:00am
Address:	270 Center St.	License Number:	15120	Expiration Date:	2/28/25
Town:	West Haven 06516	Telephone Number:	203-937-0899	Summer Care:	open
Operator:	Elizabeth + Robert Heon	# of Staff Present:	6	# over 3 Present:	1
Email:	kidsclubseymour@gmail.com	Total Capacity:	53	Total Under 3 capacity:	8
Designated Director:	Gilby Delgreco	Hours/Days of Operation:	7:30am - 5:30pm		

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

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

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 11/19/21

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)	<u>POLICIES-COMplete/IMPLEMENTED</u>
(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
(d)(7)	Personnel policies
12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
13. (f)	<u>ACCESS</u>
(h)	Immediate access by parents
14. (l)	Immediate access by OEC-facility/records
15. (m)	2.8 yr olds enrolled in preschool-authorization
16. (n)	Motor vehicle laws-transportation
17. (o)	Capacity
18. (e)(1)	Respond to OEC-no false, misleading statements or documents
(e)(2)	<u>POSTINGS</u>
(e)(3)	License posted
(e)(4)	OEC Complaint Procedure posted
(e)(5)	Menus posted
(e)(6)	No Smoking posted signs at entrances
	OEC Inspection report posted or available
	Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

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)	<u>RATIOS</u>
(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
(d)(6)	Mixed age group-ratios
(d)(4)(D)	Nap time ratio
28. (d)(4)(D)	Supervision-Indoors/Outdoors
29. (d)(5)	<u>GROUP SIZE</u>
(d)(5)(A)	Group Size-Indoors/Outdoors
(d)(5)(B)	Group Size-school age field trips/outdoors
30. (e)(1)	Mixed age group-group size
31. (f)(1)	Designated director-training
32. (f)(2)	CPR certified program staff
33. (a)(2)	First aid certified program staff
(h)(1)(2)	<u>PROFESSIONAL DEVELOPMENT</u>
(h)(1)(2)	Documentation
(4)(C)(ii-v)	Health & Safety training
(4)(C)(i)	1% annual hours
(e)(6)	<u>SWIMMING ACTIVITIES - V/N</u>
(e)(6)	Swimming-Ratios
(i)(1)(A-D)	Non-swimmers identified
(i)	CPR certified staff-age 20 or older
(i)(2)(A-H)	Lifeguard-certified-supervising
(F)	<u>CONSULTANTS</u>
(i)(2)	Consultants-Education, Health, Social Service, Dietitian (N/A)
(H)(i)-(I)(i)	Consultant agreements-signed annually
	Agreements complete w/required services
	Consultant logs-documented activities, observations and required services
	Consultant visits- Education/Health

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

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2**

<b>PROGRAM NAME</b> <i>Kids Club Learning + Day Care</i>	<b>LICENSE NUMBER</b> <i>15720</i>	<b>DATE OF INSPECTION</b> <i>12/23/24</i>
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**RECORD KEEPING 19a-79-5**

<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"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- <i>N/A</i> )
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors <i>N/A</i>
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only- <i>N/A</i> )
<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes <i>N/A</i> )
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	85.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only <i>N/A</i> )
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only- <i>N/A</i> )
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	89.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	92.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	93.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.		<b>LIGHTING</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	96.		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	100.	(e)(16)	Radon test- Results: <i>17.8</i> <i>N/A</i>
<input checked="" type="checkbox"/>	101.	(e)(17)	Results posted-Date: <i>1/10/02</i> (Schls- <i>N/A</i> )
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level <i>N/A</i>
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	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 <i>N/A</i>
<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 <i>N/A</i>
<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 <i>N/A</i> )
<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> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <i>10/24/24</i>
<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"/>	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) <i>N/A</i>
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools- <i>N/A</i> )
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <i>4/29/24</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <i>-</i> <i>N/A</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b> -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - <i>Y/N</i> Inside/Outside
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: <i>Y/N</i> Lead Test: <i>Y/N</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <i>approved lead management plan</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <i>Bi annual</i>
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

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

<b>PROGRAM NAME</b>	Kids Club Learning + Day Care	<b>LICENSE NUMBER</b>	15120	<b>DATE OF INSPECTION</b>	12/23/24
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**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
			<b>OUTDOOR PROTECTED/FENCING</b>
<input checked="" type="checkbox"/>	112.	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
			<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/>	129.		<b>LINENS/CLOTHING</b>	
<input checked="" type="checkbox"/>		(f)(1)		Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(2)		Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(f)(3)		Linens/clothing stored individually
<input checked="" type="checkbox"/>		(f)(4)		Cribs/cots cleaned-linens changed when shared
				<b>SAFE SLEEP</b>
<input checked="" type="checkbox"/>	130.	(g)(1)		Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)		Crib-slug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(1)		Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(2)		Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(3)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(4)		No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>		(g)(5)		No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(6)		Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(7)		Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>		(g)(8)		Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	131.	(h)(1)		Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	132.	(h)(1)		Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	133.	(h)(2)		No toys/objects less than 1 ¼ " diameter
<input checked="" type="checkbox"/>	134.	(h)(2)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)		Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.			<b>FEEDING</b>
<input checked="" type="checkbox"/>		(j)		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(k)(1)		Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(2)		Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(3)		Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>		(k)(4)		Baby food served from dish or whole jar
<input checked="" type="checkbox"/>		(k)(5)		Bottles labeled with child's name
<input checked="" type="checkbox"/>		(l)(1)		Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>		(l)(2)		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>		(l)(3)		Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>		(1)-(11)	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
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 Y/N**

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

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

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(e)	Ratio- 1:15
<input type="checkbox"/>	144.	(f)	Group size- max. 30
<input type="checkbox"/>	145.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.		Head teacher approved- 60%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

<b>PROGRAM NAME</b>	Kids Club Learning + Day Care	<b>LICENSE NUMBER</b>	15120	<b>DATE OF INSPECTION</b>	12/28/24
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>			<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>		

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

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N**      **ADDITIONAL VIOLATION**

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

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	<p><b>DISCUSSIONS - COMMENTS</b></p> <p><u>New Regs</u></p> <ul style="list-style-type: none"> <li>- all policies to be updated by 1/1/25 with new components to reflect new Regs</li> <li>- Education + health consultant agreements must be updated with new duties by 1/1/25</li> <li>- New logs with required duties of Ed + health consultants</li> <li>- middle room per staff not used in years must remain in compliance at all times or have it removed from license.</li> <li>- All staff to have health + safety training by 4/1/25 and new staff hired w/ 8 mos</li> </ul>			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>				
<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				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage				

<b>SIGNATURE OF OEC STAFF</b>	<i>Fil Montanye</i>	<i>Shelley DelGrecio</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Fil Montanye	Shelley DelGrecio	PRINTED NAME

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.  Written Corrective Action Plan Due by: 1/13/24
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning + Day care (PM) License # 15120 Date: 12/28/24

Observations/Corrections needed:

Program was not in compliance with:

#28-Supervision when a preschooler left classroom unattended to use bathroom no staff saw child leave. Once told staff walked over and cot was used as gate to ensure children stayed in classroom.

#40- individual care plan when a care plan was not observed with epi pen on site

#88- Floors when one tile in back room by door not in good repair/observed chipped and loose  
Floors throughout not clean - photos taken of pieces of food, utensils, paper towel on floor

#104- equipment not maintained when microwave in toddler room has extensive rust on interior door and high chair not clean in toddler room when old food was observed on tray and no straps visible per staff was ~~not~~ (PM) for child not present who was a year + a half old not here today.

#109 - indoor play equipment for climbing was observed without impact absorbing material within fall zones of slide.

#1 - local health inspection not current

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: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/13/24

Signature: [Signature] (Person in Charge)  
Print Name: Ashley Delgrosso

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning + Day Care License # 15120 Date: 12/23/20

Observations/Corrections needed:

- #111 - Playground hazards when a white fence in the playground is loose with black plastic protrude into playground that are sharp/observed screws on same fence accessible that are sharp - Photos taken
- debris observed on playground (chip bag, plastic cup, plastic)

Discussion continued

- observed frozen mulch on and around playscape program is aware that 8" inches of impact absorbing material must be maintained at all times to use equipment.
- per staff last CO monitoring by OEC is 5/9/24
- trim not in good repair in toddler room.
- fridge seal not clean in toddler room
- logs for health consultant - not documenting children or classrooms observed

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Signature: [Signature] (OEC Representative) Print Name: Jill Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/13/24

Signature: [Signature] (Person in Charge) Print Name: Silby DeGrecio