

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

Name:	Kindercare	Date:	12/30/24	Time:	840am
Address:	30 Nutmeg Ln	Number:	15356	City:	813125
	Glastonbury, CT 06033	License Number:	8206529310	Status:	Open
Operator:	Kindercare Learning Centers	# of Staff Present:	20	# over 3 Present:	45
	Jfarrell@kindercare.com	Total Capacity:	168	Total Under 3 capacity:	88
	Jennifer Farrell	Days of Operation:	M-F 6 ³⁰ AM-6PM		

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

LICENSURE PROCEDURES 19-79-2a

STAFFING and CONSULTANTS

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 2/19/24	<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)	RATIOS
<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. POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (f)(2)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input 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)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (i)(1)(A-D)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)	Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(1) License posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(3) Menus posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(6) 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM NAME: Kindercare LICENSE NUMBER: 15356 DATE OF INSPECTION: 12/30/24

RECORD KEEPING 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission	<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"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.
<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	

HEALTH and SAFETY 19a-79-6a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 73. (d)(3)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 74. (d)(3)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 75. (d)(4)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 76. (d)(5)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>exp. 6/30/25</u> N/A	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 82.
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 83.
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 84.
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 85.
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 86. (e)(3)
<input checked="" type="checkbox"/> 60.	<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	<input checked="" type="checkbox"/> 87. (e)(4)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 88. (e)(5)

PHYSICAL PLANT 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/27/24</u>	<input checked="" type="checkbox"/> 89. (e)(5)
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 90. (e)(6)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 91. (e)(7)
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 92. (e)(7)
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 93. (e)(7)
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 94. (e)(11)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 95. (e)(10)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>1/29/24</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible	<input checked="" type="checkbox"/> 96. (e)(11)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____	<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"/> 71.	(d)(1)	Emergency vehicle access	<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)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3

NAME: KinderCare LICENSE NUMBER: 15356 INSPECTION DATE: 12/30

PHYSICAL PLANT 19a-79-7a **UNDER THREE ENDORSEMENT 19a-79-10**

<input checked="" type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	LINENS/CLOTHING Linens/emergency clothing available
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 111.	OUTDOOR SPACE Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> 130.	SAFE SLEEP Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(1)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sh
<input checked="" type="checkbox"/> (h)(2)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medic
<input checked="" type="checkbox"/> (h)(3)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(1)	documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(4)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positi
<input checked="" type="checkbox"/> (h)(5)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bump
<input checked="" type="checkbox"/> (h)(6)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(4)	pillows, weighted blankets/sleepers/swadd
<input checked="" type="checkbox"/> (h)(8)	Equipment arranged for safety-	<input checked="" type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds,
<input checked="" type="checkbox"/> (h)(9)	equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(6)	No swaddling w/o written documentation
<input checked="" type="checkbox"/> 112.	OUTDOOR PROTECTED/FENCING Playground protected from traffic, water,	<input checked="" type="checkbox"/> (g)(6)	MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (h)(7)	gullies or other hazards	<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 min
<input checked="" type="checkbox"/> 113.	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccess
<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from water-4 ft,	<input checked="" type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (h)(7)(B)	self closing and self latching devices or locks	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized dail
<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 131.	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 114.	WATER HAZARDS Pools, swimming areas-	<input checked="" type="checkbox"/> 132.	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/> (i)	conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/> 133.	Plastic bags/balloons/styrofoam inaccessib
<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 134.	unless under direct supervision
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 135.	Health consultant visits/documentation
<input checked="" type="checkbox"/> (i)		<input checked="" type="checkbox"/> 136.	FEEDING Infants held for bottles - chairs for feeding

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan-	<input checked="" type="checkbox"/> (j)	individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 116. (a)	developmentally appropriate	<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-upd
<input checked="" type="checkbox"/> (1)-(11)	EDUCATIONAL REQUIREMENTS Indoor/outdoor, flexible schedule, cultural	<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedi
<input checked="" type="checkbox"/> (b)	content, balanced experiences, exploration	<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd was
<input checked="" type="checkbox"/> (b)	and discovery, variety of materials,	<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/> (b)	rest/sleep/quiet time, meals/snacks, toileting,	<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/> (b)	individual/small group activities, physical activity	<input checked="" type="checkbox"/> 137.	Outdoor spaced fenced-4 ft lic. after 1/1/2
<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 138.	Outdoor equipment-developmentally
<input checked="" type="checkbox"/> (b)		<input checked="" type="checkbox"/> 139.	appropriate for ages of the children
<input checked="" type="checkbox"/> (b)			Shock ab materials less than 1 1/4 "-or meas
<input checked="" type="checkbox"/> (b)			in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 **SCHOOL AGE ENDORSEMENT 19a-79-11**

<input checked="" type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. (e)	SCHEDULE - ACTIVITIES Written daily program plan-flexible sched
<input checked="" type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. (c)(1)	available to staff/parents
<input checked="" type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 121. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, soci
<input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii)	accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 143. (d)	emotional needs of the children
<input checked="" type="checkbox"/> 123. (d)(2)(B)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 144. (e)	Program includes free time, snacks,
<input checked="" type="checkbox"/> 124. (d)(2)(C)	Washable cots	<input checked="" type="checkbox"/> 145. (f)	creative/physical/small group/self-concep
<input checked="" type="checkbox"/> 125. (d)(2)(D)	Chairs for feeding-stable base-safety straps-	<input checked="" type="checkbox"/> 146. (g)	activities, homework time, special events
<input checked="" type="checkbox"/> 126. (d)(2)(E)	locking tray		Ratio- 1:15
<input checked="" type="checkbox"/> 127. (d)(3)(A-C)	Dev. appropriate tables/chairs/equipment		Group size- max. 30
<input checked="" type="checkbox"/> 128.	Refrigerator and food prep facilities		4 yr. olds enrolled in schl age-written
<input checked="" type="checkbox"/> (e)(1)	Optional furniture/equip-safe/hazard free		authorization/permission from director/
<input checked="" type="checkbox"/> (e)(2)	DIAPERING Diaper area: elevated/sturdy/safety rail		Head teacher approved- 60%
<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose,		
<input checked="" type="checkbox"/> (e)(4)	located in the program area		
<input checked="" type="checkbox"/> (e)(5)	Diaper area: non-porous surface/good repair		
<input checked="" type="checkbox"/> (e)(6)(9)	Diaper area: washed/disinfected after use		
<input checked="" type="checkbox"/> (e)(7)	Diaper area: disposable paper sheets		
<input checked="" type="checkbox"/> (e)(8)	Covered waste receptacle-removed daily		
<input checked="" type="checkbox"/> (e)(10)(A-C)	Handwashing-staff/children		
	Diapering-Handwashing policies-posted/followed		
	Cloth diapers-written plan developed		

PROGRAM NAME: Kindercare License #: 15356 DATE OF INSPECTION: 12/30/25

NIGHT CARE (100a-100c) <input checked="" type="checkbox"/>		MONITORING OF DIABETES (170-179) <input checked="" type="checkbox"/>	
<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. <input checked="" type="checkbox"/> (b)(1)(A)	<u>STAFF TRAINING</u>
<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) (i)-(iii)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training - use/storage/maintenance
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	monitoring equipment, reading test results appropriate actions
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Training updated at least every 3 years
<input type="checkbox"/> 153. <input type="checkbox"/> (b)(6)	<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> (c)(3)	Written documentation of training
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> 155. (b)(9)	Air temp 65°F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		Testing results and actions taken - documented and kept on file, ensure parents are notified daily
	Local health approval		

ADMINISTRATION OF MEDICATIONS (19a-19c) **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input type="checkbox"/> 159. <input checked="" type="checkbox"/> (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	<p>- New regulations - update policies procedures, consultant contracts.</p> <p>- Educational consultant 1/2 per</p> <p>- Educational requirements and Health + Safety training all</p> <p>- 1 window broken in preschool</p> <p>- See supplemental report for continued inspection</p>	
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input type="checkbox"/> 160. <input checked="" type="checkbox"/> (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<u>MEDICATION TRAINING</u>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> (N/A)		

SIGNATURE OF OEC STAFF: [Signature] SIGNATURE OF PRINCIPAL: [Signature]
 PRINTED NAME: Kellerman PRINTED NAME: K. Petracca

OEC DIVISION OF LICENSING
 50 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 request.
 Written Corrective Action Plan Due by: 1/13/2025
 CAP: <https://www.ctoec.org/form-documents/corrective-action-plan-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare License # 15356 Date: 12/30/24

Observations/Corrections needed:

- Regulations not in compliance when observed
- # 33(a)(2) - No documentation of staff professional development
- (h)(6)(2) - No 1% annual hours for all staff documentation.
- #35(i) - Contracts not up to date for Education, Social Service and Dietitian consultants.
- (f) - No logs for Education, social service, and Dietetic
- #40 - 1 care plan not signed by parents and 1 care plan for child with Asthma not available
- #48 - fridge in infant B at 50°F
- #66 - Water stains in preschool A ^{Bath}, preschool C ^{Bath}, preschool B ^{Bath} room, Tod 2E ^{Bath} and room, school age ^{Bath} Kindergarten ^{Bath} room.
- #86 - water temperature in preschool A ^{Bath} at 126.2°F
- #94(e)(9) - Not 50 CF lighting in Preschool A Library
- #95 - Blue bottles not labeled with dilutions throughout program.
- #99 - no care plan for pet hermits in Kindergarten
- #111(h)(9) - bowing fence between preschool and school aged
- #130(d)(8) - update safe sleep policies posted in 2 infant room
- #159(a)(2) - 2 diaper cream forms not available in Tod C +
- #164 - NO Benedryl for 2 children needed and 1 Epi-pen needed

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)

Signature: [Signature] K. Peterson
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/13/2025