

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

Kidz are Us Child Care

46 N Plains Rd

Wallingford

Kidz are us child care & Learning Center LLC

Kidzareus@yahoo.com

Mary L. Haner

1-2-25

16796

203-949-0055

9:24

4:30-26

open

# of Staff Present: 4

Total Capacity: 32

# over 3 Present: 5

Total Under 3 capacity: 30

# under 3 Present: 7

Ages Served:

M-F 7:30-5:30 pm

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

LICENSING PROCEDURES 15-79-2a

1. (c)(8) Local Health Inspection-Date: 2-28-24

ADMINISTRATIVE 15-79-3a

- 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. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

STAFFING and RATIO

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

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

Kidz are us Childcare

16796

1-2-25

REPORTING

PHYSICAL PLANT

<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

HEALTH AND SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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> -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 <u>1-30-24</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 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) <input checked="" type="checkbox"/> (N/A)
<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-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>2-12-24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <input checked="" type="checkbox"/> 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
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y <input checked="" type="checkbox"/> Lead Test: Y <input checked="" type="checkbox"/>
		Results _____
		Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<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- N/A)
<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 <input checked="" type="checkbox"/> N/A
<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-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 84.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 85.	<input type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
	<input type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
	<input type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
	<input type="checkbox"/> (e)(3)	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.	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(9)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	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: <u>12-13</u> N/A
<input checked="" type="checkbox"/> 101.	(e)(17)	Results posted-Date: <u>12-27-17</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<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



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

Kids are us childcare

16796

1-2-25

**NIGHT CARE ENDORSEMENT 19a-12**

**MONITORING OF EQUIPMENT**

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. SLEEP PROVISIONS
  - (b)(6) Individual cot/crib with bedding
  - (b)(6)(A) Sleeping apparel/toiletries labeled
  - (b)(6)(B) Required bedding
  - (b)(6)(C) Required toiletries
  - (b)(6)(D) Bedding/sleeping apparel laundered weekly
  - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

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

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

**ADDITIONAL VIOLATION**

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. NONPRESC. TOPICAL MEDICATION
  - (a)(2) Admin/Parent permission/report errors
  - (a)(3)(A-B) Labeling and Storage
  - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. MEDICATION TRAINING
  - (b)(1)(A/C) Medication training-general-oral/top/inhalant
  - (b)(1)(D) Injectable premeasured autoinjector medication
  - (b)(1)(E) Rectal medication
  - (b)(1)(F) Injectable other than premeasured auto-injector
  - (b)(2)(A-B) Training approval documents/certificates
  - (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)

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

**DISCUSSIONS - COMMENTS**

Provided OEC complaint procedure renewed new regulations new staff orientation documentation Consultant contracts to be updated to reflect new requirements new staff to provide documentation of health safety training or complete course within 3 months of hire. update policies to reflect new reg -

**SIGNATURE OF OEC STAFF**  
Jennifer Schultz  
**PRINTED NAME**  
Jennifer Schultz

**SIGNATURE OF PERSON IN CHARGE**  
Mary Hager  
**PRINTED NAME**  
Mary Hager

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.  
Written Corrective Action Plan Due by: 1/16/25  
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids are us childcare License # 16796 Date: 1-2-25

Observations/Corrections needed:

#4 operator unable to provide documentation of new staff orientation

#35<sup>10/23</sup> Documentation of professional development not observed for all staff

#39 Observed 1 out of 6 ~~staff~~<sup>is</sup> immunization records without documentation of current flu vaccine

#111(h)(4) observed 4 protruding screws around exit gate of playground, accessible to children.

Discussed

1:5 ok for 2 year olds - must have OEC approval for ~~more than 5~~ <sup>2</sup> two year group size of 10

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: Jennifer Schult  
(OEC Representative)

Print Name: Jen Schult

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Mary Hager  
(Person in Charge)

OEC BY: 1-16-25

Print Name: Mary Hager