

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

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

<b>Program Name:</b>	Kids Care at Riverfield	<b>Date of Inspection:</b>	1-14-25	<b>Time of Arrival:</b>	3:30pm
<b>Address:</b>	1625 Mill Plain Road	<b>License Number:</b>	16061	<b>Expiration Date:</b>	2-28-29
<b>Town:</b>	Fairfield	<b>Telephone Number:</b>	203 767-1550	<b>Summer Care:</b>	Closed
<b>Operator:</b>	Kids Care at Riverfield INC	<b># of Staff Present:</b>	4	<b># over 3 Present:</b>	33
<b>Email:</b>	Kidscare Riv @ Sbcglobal.net	<b>Total Capacity:</b>	60	<b>Total Under 3 capacity:</b>	0
<b>Designated Director:</b>	Rosanne Young	<b>Hours/Days of Operation:</b>	M-F 7:30-8:45am 3:25-6pm		

**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**

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

1. (c)(8) Local Health Inspection-Date: 5-27-23

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<b>ACCESS</b>
<input type="checkbox"/> (f)	Immediate access by parents
<input type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		<b>RATIOS</b>
<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)		Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(5)		Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)		Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)		Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)		CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)		First aid certified program staff
<input checked="" type="checkbox"/> 33.		<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (a)(2)		Documentation
<input checked="" type="checkbox"/> (h)(1)(2)		Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)		1% annual hours
<input checked="" type="checkbox"/> 34.		<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> (4)(C)(ii-v)		Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)		Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (i)		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (i)(2)(A-H)		Agreements complete w/required services
<input checked="" type="checkbox"/> (F)		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (H)(i)-(I)(i)		

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

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

<b>PROGRAM NAME</b>	Kids Care at Riverfield	<b>LICENSE NUMBER</b>	16061	<b>DATE OF INSPECTION</b>	1-14-25
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**RECORD KEEPING 19a-79-5** | **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)	Walkways maintained
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission				
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports				Matches/lighters inaccessible
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	81.	(d)(9)	<u>TOILETING</u>
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>	82.		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days				Toileting needs met

**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"/>	83.	(d)(10)(A)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	85.	(e)(1)	<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(4)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	60.	(c)	<u>FIRST AID SUPPLIES</u> -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"/>		(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	61.	(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(6)	Walls/ceilings/floors/rugs-clean/good repair

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 9-4-24	<input checked="" type="checkbox"/>	95.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/>	(c)(5)(A) Lead Water Test – Date: _____	<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/>	(c)(5)(B) Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(e)(17)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	(c)(5)(C) Drinking water available/accessible	<input checked="" type="checkbox"/>		(f)(1)(A)	Radon test- Results: _____ (N/A)
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> -	<input checked="" type="checkbox"/>		(g)(1)	Results posted-Date: _____ (Schls-N/A)
		<input checked="" type="checkbox"/>	(c)(6)(A) Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/>		(g)(2)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	(c)(6)(B-D) Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>		(g)(3)	Program space-adequate-35 sq. ft. per child
			Results No lead	<input checked="" type="checkbox"/>		(g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Lead Management Plan N/A	<input checked="" type="checkbox"/>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible

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

PROGRAM NAME: Kids Care at Riverfield LICENSE NUMBER: 16061 DATE OF INSPECTION: 1/14/25

**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 checked="" 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 checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
	<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 checked="" 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 playg. 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
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
		<u>WATER HAZARDS</u>
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (j)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u>
	<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input type="checkbox"/> 130.		Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
	<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/> 133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> 134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/> 136.		<u>FEEDING</u>
	<input type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
	<input type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
	<input type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
	<input type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
	<input type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4"-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)	<u>EDUCATIONAL REQUIREMENTS</u>
	<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

NA

<input type="checkbox"/> 137.		
<input type="checkbox"/> 138.		
<input type="checkbox"/> 139.		

**UNDER THREE ENDORSEMENT 19a-79-10 YN**

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

**SCHOOL AGE ENDORSEMENT 19a-79-11 YN**

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

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

**PROGRAM NAME** Kids Care at Riverfield **LICENSE NUMBER** 16061 **DATE OF INSPECTION** 1-14-25

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**  N

**MONITORING OF DIABETES 19a-79-13 Y/N**  N

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 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)
- 155. (b)(9)
- 156. (b)(10)

- 171. (a)(1)
- 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
- 173. (d)(1)
- 174. (d)(2)
- 175. (d)(3)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

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

**ADDITIONAL VIOLATION**

- 157. (9a)
- 158. (9a)
- 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**

**SIGNATURE OF OEC STAFF** Cathy Anderson  
**PRINTED NAME** Cathy Anderson

**SIGNATURE OF PERSON IN CHARGE** Rosanne Young  
**PRINTED NAME** Rosanne Young

**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: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.  
 Written Corrective Action Plan Due by: 1-28-25  
**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Care at Riverview License # 16061 Date: 1-14-25

Observations/Corrections needed:

Regulation not in compliance when:

40-Care plan not on site for a child with a chronic illness

161-1 form not complete for a Epi-pen

→ 1 care plan not signed by staff

166-Epi-pen on site expired 11/2024

160(b)(1)(D) - all hours are covered by staff trained in injectables

Discussed:

New regulations

1 out of 10 child files are missing a health record

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: Cathy Anders (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1-28-25

Signature: [Signature] (Person in Charge)