

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

2/14/25  
15658  
19658  
20529043

Kindercare  
303 Cromwell Ave  
Rocky Hill, CT 06067  
Kindercare Education LLC  
Pca.Amaut@kindercare.com  
Pca Amaut

845AM  
7/31/25  
Open

# of Staff Present: 14	# over 3 Present: 24	# under 3 Present: 33
Total Capacity: 138	Total Under-3 capacity: 78	Ages Served: 6W-124C
		MTF 630AM - 6PM

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

LICENSING REQUIREMENTS STARTING AND CONSULTANT RATIO

1. (c)(8) Local Health Inspection-Date: 10/20/23	19. (a)(1) 20. (a)(3) 21. (b) 22. (b)(4) 23. (d) 24. (d)(1) 25. (d)(2) 26. (d)(3)(A-C) 27.	Staff health records Disciplinary actions Comprehensive Background Checks Evidence of compliance Adequate staffing Designated head teacher-approved-60% Two staff present-age 18 or older Personal qualities of staff <b>RATIOS</b> Ratio 1:10 - Indoors/Outdoors Mixed age group-ratios Nap time ratio Supervision-Indoors/Outdoors <b>GROUP SIZE</b> Group Size-Indoors/Outdoors Group Size-school age field trips/outdoors Mixed age group-group size Designated director-training CPR certified program staff First aid certified program staff <b>PROFESSIONAL DEVELOPMENT</b> Documentation Health & Safety training 1% annual hours <b>SWIMMING ACTIVITIES - Y/N</b> Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising <b>CONSULTANTS</b> Consultants-Education, Health, Social Service, Dietitian (N/A) Consultant agreements-signed annually Agreements complete w/required services Consultant logs-documented activities, observations and required services Consultant visits- Education/Health
2. (a) 3. (b) 4. (b)(6) 5. (b)(6) 6. (b)(7)(A) 7. (b)(7)(B) 8. (b)(7)(C) 9. (b)(7)(E) 10. (c)(1-4) 11. (d)(2)(A) 12. (d)(2)(B-C) 13. (d)(3) 14. (d)(4)(A) 15. (d)(4)(B) 16. (d)(5) 17. (d)(6) 18. (d)(6)(C) 19. (d)(7) 20. (d)(1) 21. (f) 22. (h) 23. (l) 24. (m) 25. (n) 26. (o) 27. (e)(1) 28. (e)(2) 29. (e)(3) 30. (e)(4) 31. (e)(5) 32. (e)(6)	Ensuring health & safety of children Overall management of program Employee orientation for new program staff Annual policy training for program staff Child behavior management Documentation that parents were informed of behavior management techniques Child Protection Mandated Reporting Notification of Change <b>POLICIES-COMplete/IMPLEMENTED</b> Discipline policy Child Protection policy Closing time policy Medical emergency policy Multi-Hazards policy-annual drill Supervision policy General Operating policies Administrative Oversight policy Personnel policies Daily attendance-children/staff- keep 1 yr. <b>ACCESS</b> Immediate access by parents Immediate access by OEC-facility/records 2.8 yr olds enrolled in preschool-authorization Motor vehicle laws-transportation Capacity Respond to OEC-no false, misleading statements or documents <b>POSTINGS</b> License posted OEC Complaint Procedure posted Menus posted No Smoking posted signs at entrances OEC Inspection report posted or available Developmental Milestones posted	33. (d)(4)(A) 34. (d)(4)(B) 35. (d)(6) 36. (d)(4)(D) 37. (d)(5) 38. (d)(5)(A) 39. (d)(5)(B) 40. (e)(1) 41. (f)(1) 42. (f)(2) 43. (a)(2) 44. (h)(1)(2) 45. (h)(1)(2) 46. (4)(C)(ii-v) 47. (4)(C)(i) 48. (e)(6) 49. (e)(6) 50. (i)(1)(A)-(D) 51. (i) 52. (i)(2)(A-H) 53. (F) 54. (i)(2) 55. (H)(i)-(I)(i)

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

Kindercare

15658

2/14/25

36. <input checked="" type="checkbox"/>	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72. (d)(2)	Walkways maintained
37. <input checked="" type="checkbox"/>	(a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/>	73. (d)(3)	Windows protected to prevent falls
	(a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/>	74. (d)(3)	Window screens (Schl age only- N/A)
	(a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/>	75. (d)(4)	Glass and mirrors protected to 36"
	(a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors-locking devices, spring protectors
38. <input checked="" type="checkbox"/>	(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39. <input checked="" type="checkbox"/>	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/>	78. (d)(7)	Individual storage of clothing/bedding
40. <input checked="" type="checkbox"/>	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/>	79. (d)(8)	Smoking or vaping prohibited on premises/grounds
41. <input checked="" type="checkbox"/>	(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	80. (d)(8)	Matches/lighters inaccessible
42. <input checked="" type="checkbox"/>	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>	81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
43. <input checked="" type="checkbox"/>	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	82. (d)(10)(A)	<b>TOILETING</b>
44. <input checked="" type="checkbox"/>	(a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shared toilets/sinks-supervision plan
45. <input checked="" type="checkbox"/>	(a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toileting needs met
		Video recordings- keep 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Potty chairs-nonporous, emptied, disinfected

**HEALTH and SAFETY 19a-79-7a**

46. <input checked="" type="checkbox"/>	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	
47. <input checked="" type="checkbox"/>	(a)(2)	Nutritious meals and snacks	
48. <input checked="" type="checkbox"/>	(a)(3)	Proper refrigeration-41 degrees	
49. <input checked="" type="checkbox"/>	(a)(4)	Menus-1 wk in advance- keep 3 mths	
50. <input checked="" type="checkbox"/>	(a)(5)	Food Service Inspection <u>11/1/24</u>	N/A
51. <input checked="" type="checkbox"/>	(a)(6)	Kitchen-clean, safe storage of food/supplies	
52. <input checked="" type="checkbox"/>	(a)(7)	Separate hand washing facilities	
53. <input checked="" type="checkbox"/>	(a)(8)	Multi-use eating/drinking utensils	
54. <input checked="" type="checkbox"/>	(a)(9)	Kitchen separated (Schl age only N/A)	
55. <input checked="" type="checkbox"/>	(a)(10)	Children supervised during meal prep	
56. <input checked="" type="checkbox"/>	(a)(11)	Handwashing-staff/children	
57. <input checked="" type="checkbox"/>	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	
58. <input checked="" type="checkbox"/>	(b)(2)	Designated isolation area	
59. <input checked="" type="checkbox"/>	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	
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	
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**

2. <input checked="" type="checkbox"/>	(a)(2)	Fire marshal codes/certificate <u>3/19/24</u>	<input checked="" type="checkbox"/>
3. <input checked="" type="checkbox"/>	(b)	Indoor/Outdoor space inspected/approved	
4. <input checked="" type="checkbox"/>	(b)(1)-(5)	Construction/expansion/renovation/conversion	
5. <input checked="" type="checkbox"/>	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	
6. <input checked="" type="checkbox"/>	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	
7. <input checked="" type="checkbox"/>	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	
8. <input checked="" type="checkbox"/>	(c)(4)	Testing of premises/grounds for chemicals	
9. <input checked="" type="checkbox"/>	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	
	(c)(5)(B)	Lead Water Test - Date: <u>12/6/24</u>	
	(c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>	
10. <input checked="" type="checkbox"/>	(c)(6)(A)	Drinking water available/accessible	
	(c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____	
71. <input checked="" type="checkbox"/>	(d)(1)	Lead Management Plan _____	
		Emergency vehicle access	

<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"/>	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	(e)(1)	<b>AIR TEMPERATURE</b>
<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"/>	(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	(e)(9)	<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)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(18)	Radon test- Results: <u>0</u> N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Results posted-Date: <u>1/10/25</u> (Schl-N/A)
<input checked="" type="checkbox"/>	(g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

**PROGRAM NAME:** Kindercare

**LICENSE NUMBER:** 15658

**DATE:** 2/14/25

PHYSICAL PLANT 19a-79-7b		UNDER THREE ENDORSEMENT 19a-79-10	
<input checked="" type="checkbox"/> 108. (g)(5)	<p>Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls</p> <p>Indoor climbing play equipment-shock absorbing materials under and around</p> <p>No weapons/no facsimile of a firearm</p> <p><b>OUTDOOR SPACE</b></p> <p>Adequate space- 75 sq. ft. per child</p> <p>Shock absorbing surfaces-minimum 8"</p> <p>Playground free from hazards</p> <p>Nuts, bolts, screws-tight, covered/protected</p> <p>Outside equipment anchored-anchors buried</p> <p>New equip- cert play. Inspection upon request</p> <p>Drinking water available/accessible</p> <p>Equipment arranged for safety-equip/fences/structures not hazardous</p> <p><b>OUTDOOR PROTECTED/FENCING</b></p> <p>Playground protected from traffic, water, gullies or other hazards</p> <p>Fences installed to protect from hazards-4 ft</p> <p>Fences installed to protect from water-4 ft, self closing and self latching devices or locks</p> <p>Rooftop play areas-6 ft. wall/barrier</p> <p><b>WATER HAZARDS</b></p> <p>Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61</p> <p>Wading pools prohibited</p> <p>Hot tubs/spas/saunas-locked/inaccessible</p>	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> 109. (g)(6)		<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> 110. (j)		<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> 111. (h)(1)		<input checked="" type="checkbox"/> 132.	<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> (h)(2)		<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> (h)(3)		<input checked="" type="checkbox"/> 134.	<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> (h)(4)		<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> (h)(5)		<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (g)(7)
<input checked="" type="checkbox"/> (h)(6)		<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (g)(8)
<input checked="" type="checkbox"/> (h)(8)		<input checked="" type="checkbox"/> 138.	(h)(1)
<input checked="" type="checkbox"/> (h)(9)		<input checked="" type="checkbox"/> 139.	(h)(1)
<input checked="" type="checkbox"/> 112. (h)(7)		<input checked="" type="checkbox"/> 139.	(h)(2)
<input checked="" type="checkbox"/> 113. (h)(7)(A)		<input checked="" type="checkbox"/> 139.	(h)(2)
<input checked="" type="checkbox"/> (h)(7)(B)		<input checked="" type="checkbox"/> 139.	(i)(1)(2A-C)
<input checked="" type="checkbox"/> (h)(7)(C)	<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (j)	

EDUCATIONAL REQUIREMENTS 19a-79-8a		UNDER THREE ENDORSEMENT 19a-79-10	
<input checked="" type="checkbox"/> 15. (a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 16. (a)	<p><b>EDUCATIONAL REQUIREMENTS</b></p> <p>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</p> <p>Limited access to screen time/video games</p>	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> (1)-(11)		<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(3)
<input checked="" type="checkbox"/> (b)			<input checked="" type="checkbox"/> (k)(4)
			<input checked="" type="checkbox"/> (k)(5)

UNDER THREE ENDORSEMENT 19a-79-10		SCHOOL AGE ENDORSEMENT 19a-79-11	
<input checked="" type="checkbox"/> 17. (b)	<p>Approved Under 3 Endorsement</p> <p>Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)</p> <p>Group size-max 8 (6wks-24mths), max 10 (24-36mths)</p> <p>Physical barriers- indoors/outdoors</p> <p>Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep</p> <p>Cribs-in compliance w/CPSC (manf. after 6/28/11)</p> <p>Washable cots</p> <p>Chairs for feeding-stable base-safety straps-locking tray</p> <p>Dev. appropriate tables/chairs/equipment</p> <p>Refrigerator and food prep facilities</p> <p>Optional furniture/equip-safe/hazard free</p> <p><b>DIAPERING</b></p> <p>Diaper area: elevated/sturdy/safety rail</p> <p>Diaper area: used only for this purpose, located in the program area</p> <p>Diaper area: non-porous surface/good repair</p> <p>Diaper area: washed/disinfected after use</p> <p>Diaper area: disposable paper sheets</p> <p>Covered waste receptacle-removed daily</p> <p>Handwashing-staff/children</p> <p>Diapering-Handwashing policies-posted/followed</p> <p>Cloth diapers-written plan developed</p>	<input checked="" type="checkbox"/> 140.	(b)
<input checked="" type="checkbox"/> 18. (c)(2)		<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)
<input checked="" type="checkbox"/> 19. (c)(3)		<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)
<input checked="" type="checkbox"/> 20. (c)(4)		<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(2)
<input checked="" type="checkbox"/> 21. (d)(1)(A-C)		<input checked="" type="checkbox"/> 144.	<input checked="" type="checkbox"/> (c)(3)
<input checked="" type="checkbox"/> 22. (d)(2)(A-i-iii)		<input checked="" type="checkbox"/> 145.	(d)
<input checked="" type="checkbox"/> 23. (d)(2)(B)		<input checked="" type="checkbox"/> 146.	(e)
<input checked="" type="checkbox"/> 24. (d)(2)(C)			(f)
<input checked="" type="checkbox"/> 25. (d)(2)(D)			(g)
<input checked="" type="checkbox"/> 126. (d)(2)(E)			
<input checked="" type="checkbox"/> 127. (d)(3)(A-C)			
<input checked="" type="checkbox"/> 128. (e)(1)			
<input checked="" type="checkbox"/> (e)(2)			
<input checked="" type="checkbox"/> (e)(3)			
<input checked="" type="checkbox"/> (e)(4)			
<input checked="" type="checkbox"/> (e)(5)			
<input checked="" type="checkbox"/> (e)(6)(9)			
<input checked="" type="checkbox"/> (e)(7)			
<input checked="" type="checkbox"/> (e)(8)			
<input checked="" type="checkbox"/> (e)(10)(A-C)			

Kindercare

15658

2/14/25

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- (b)(6)(A)
- (b)(6)(B)
- (b)(6)(C)
- (b)(6)(D)
- 154. (b)(7)
- 155. (b)(8)
- 156. (b)(9)
- (b)(10)

Approved Night Care Endorsement  
 Person in charge-head teacher  
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities  
 Written plan for supervision including cot placement and evacuation  
 Children in care no more than 12 hrs. in 24 Staff awake and available  
**SLEEP PROVISIONS**  
 Individual cot/crib with bedding  
 Sleeping apparel/toiletries labeled  
 Required bedding  
 Required toiletries  
 Bedding/sleeping apparel laundered weekly  
 Sleep arrangements for infants  
 Air temp 65 °F at 3 ft  
 Fire marshal approval-hours specified  
 Local health approval

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B) (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- (c)(3)
- 173. (d)(1)
- 174. (d)(2)
- 175. (d)(3)
- 176. (e)(1)
- 177. (e)(2)
- 178. (e)(3)
- 179.

Written policies and procedures  
**STAFF TRAINING**  
 Staff training - first aid  
 Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
 Training updated at least every 3 years  
 Written documentation of training  
 Trained staff on site when child is present and under supervision of trained staff  
 Self-administration - written authorization  
 Equipment provided by parents  
 Equipment labeled and inaccessible  
 Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 Authorized prescriber written order  
 Written authorization from parent  
 Testing results and actions taken - documented and kept on file, ensure parents are notified daily

MINI-MONITORING OF MEDICATIONS 19a-79-9a Y/N

- 57. (9a)
- 58. (9a)
- (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 61. (b)(3)(A-B)
- 62. (b)(3)(D)
- 63. (b)(4)(A-B)
- 64. (b)(5)(A-B)
- 65. (b)(5)(C)
- 66. (b)(5)(D)
- 67. (b)(5)(E)
- 68. (b)(6)
- 69. (b)(7)(A-B)
- 70. (d)

Written medication policies/procedures  
 Permit enrollment of children with asthma, allergies, diabetes  
**NONPRESC. TOPICAL MEDICATION**  
 Admin/Parent permission/report errors  
 Labeling and Storage  
 Unused/expired meds destroyed/returned  
**MEDICATION TRAINING**  
 Medication training-general-oral/top/inhalant  
 Injectable premeasured autoinjector medication  
 Rectal medication  
 Injectable other than premeasured auto-injector  
 Training approval documents/certificates  
 Training outline on file  
 Authorized prescriber/parent permission  
 Medication errors- documentation, parent(s) and OEC notification  
 Medication Administration Records (MAR)  
 Labeling and Storage  
 Emergency medication inaccessible  
 Unused/Expired meds-destroyed/returned  
 Auto-injector/inhalant equipment  
 Self-administration documentation  
 Petition for special medication authorization  
 Potassium Iodide (KI) emergency distribution-permission and storage

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

**DISCUSSIONS - COMMENTS**  
 - All items discussed / New regulations program ensure impact material for outdoor play area ladders  
 - Education consultant visit 1 x year  
 - 3 credit Admin course w/in 1 year here for Director/health & safety training  
 - Kitchen microwave rusty  
 - 1 child no longer enrolled as of 2/14/25 - to return meds  
 - fridge temps at 41°F

INITIALS OF OEC STAFF  
 Miller  
 Kellerman

SIGNATURE OF PERSON IN CHARGE  
 Rea  
 PRINTED NAME  
 Rea Amant

OEC DIVISION OF LICENSING  
 3 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: 2/28/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare

License # 15658 Date: 2/14/25

Observations/Corrections needed:

- Regulations Not compliant when observed
- #35- Policies/procedures review not observed for Education and social service consultants
- #140 - 2 care plans for 2 children not signed by staff
- #166- Dusty/dirty vents in Staff bathroom, Tod F, Tod C, Tod E, Tod D, MAA, MAB, MAC, Playroom, Tod E. Water stains observed in Tod F, Tod A
- #84(e)(1) - No thermometer in MAA
- #104 - 1 Asthma medication expired 01/2025.
- #33 - (a)(2) + (h)(1)(2) - No documentation of professional development or 11 hrs for all staff

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/28/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Elleterman

Signature: [Signature]  
(Person in Charge)  
Print Name: Rea Amout