

**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>        | Kindercare Learning Center | <b>Date of Inspection:</b>      | 2-24-25                | <b>Time of Arrival:</b>        | 9:30 am |
| <b>Address:</b>             | 35 South Rd.               | <b>License Number:</b>          | 16040                  | <b>Expiration Date:</b>        | 7/31/26 |
| <b>Town:</b>                | Farmington 06032           | <b>Telephone Number:</b>        | 860-677-1810           | <b>Summer Care:</b>            | open    |
| <b>Operator:</b>            | Kindercare Education LLC   | <b># of Staff Present:</b>      | 25                     | <b># over 3 Present:</b>       | 53      |
| <b>Email:</b>               | ncharron@kindercare.com    | <b>Total Capacity:</b>          | 143                    | <b>Total Under 3 capacity:</b> | 83      |
| <b>Designated Director:</b> | Nichole Charron            | <b>Hours/Days of Operation:</b> | M-F 6:30 am to 6:30 pm |                                |         |

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

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

**LICENSURE PROCEDURES 19a-79-2a**

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

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

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMLETE/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 CONSULTANTS 19a-79-4a cont.**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 – Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - 28. (d)(4)(D) Supervision-Indoors/Outdoors
  - 29. **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 (N/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  | ✓         | ✓    | ✓      |

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

|              |                           |                |       |                    |         |
|--------------|---------------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Kindercare Learning Cntr. | LICENSE NUMBER | 10040 | DATE OF INSPECTION | 2.24.25 |
|--------------|---------------------------|----------------|-------|--------------------|---------|

RECORD KEEPING 19a-79-5

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C)  | Children's Enrollment information            |
| <input checked="" type="checkbox"/> 37. |  | <u>PARENT PERMISSIONS</u>                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                    |
| <input checked="" type="checkbox"/> 38. | (a)(2)(A-B)  | Child Health Records                         |
| <input checked="" type="checkbox"/> 39. | (a)(2)(C)  | Immunization records                         |
| <input checked="" type="checkbox"/> 40. | (a)(2)(E)  | Individual care plan-signed by parents/staff |
| <input checked="" type="checkbox"/> 41. | (a)(3)(A)  | Injury, Illness, Incident, Accident reports  |
| <input checked="" type="checkbox"/> 42. | (a)(3)(B)  | Parent notification of illness or injury     |
| <input checked="" type="checkbox"/> 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality     |
| <input checked="" type="checkbox"/> 44. | (a)(3)(D)  | Notify DPH, local health-reportable diseases |
| <input checked="" type="checkbox"/> 45. | (a)(4)   | Video recordings- keep 30 days               |

PHYSICAL PLANT 19a-79-7a cont.

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 72. | (d)(2)   | Walkways maintained   |
| <input checked="" type="checkbox"/> 73. | (d)(3)   | Windows protected to prevent falls  |
| <input checked="" type="checkbox"/> 74. | (d)(3)   | Window screens (Schl age only- 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 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. |  | <u>TOILETING</u>  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes N/A)  |
| <input checked="" type="checkbox"/>     | (d)(11)  | Staff personal articles inaccessible  |
| <input checked="" type="checkbox"/>     |  | <u>AIR TEMPERATURE</u>  |
| <input checked="" type="checkbox"/>     | <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"/>     | <input checked="" type="checkbox"/> (e)(1)     | Air temp <65°F comfortable (Schl age only-N/A)  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(3)     | Water temperature 60 °F - 120 °F  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(4)     | Portable space heaters prohibited   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(5)     | Rugs- not tripping/slipping hazard  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(6)     | Hot water/Steam pipes protected   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Working phone on each level   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Emergency numbers posted-adjacent to phones   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Parents provided direct on site phone number  |
| <input checked="" type="checkbox"/>     |  | <u>LIGHTING</u>   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(8)     | All areas min. 1 foot candle of lighting  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | Schl age only-lighting for comfort  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | Light fixtures shielded/shatter proof   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(10)    | Potentially hazardous substances, materials - labeled, inaccessible                       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(11)    | Garbage/rubbish-disposed of daily, containers in good repair                              |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(12)    | Stairs-protected/good repair-handrails  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(13)    | Toxic plants/materials inaccessible   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(14-15) | Pets or other animals-in good health, written care plan including access to children      |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(16)    | Prevention of vermin-openings screened  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(17)    | Radon test- Results: <u>0.0</u> N/A   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(17)    | Results posted-Date: <u>12/15/03</u> (Schls-N/A)  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(18)    | Carbon monoxide detector-each level N/A   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (f)(1)(A)  | Program space-adequate-35 sq. ft. per child   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(1)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(2)     | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(3)     | Air conditioners, water heaters, fuse boxes inaccessible                                  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(4)     | Developmentally app equipment, materials  |

HEALTH and SAFETY 19a-79-6a

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> 46. | (a)(1)                                  | Preparation, transportation of food-follow DPH Model Food Code 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 <u>11/13/24</u> 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) | <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  |
| <input checked="" type="checkbox"/> 60. | <input checked="" type="checkbox"/> (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"/> 61. | <input checked="" type="checkbox"/> (d) | <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags  |

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 83. |  |  |
| <input checked="" type="checkbox"/> 84. |  |  |
| <input checked="" type="checkbox"/> 85. |  |  |
| <input checked="" type="checkbox"/> 86. |  |  |
| <input checked="" type="checkbox"/> 87. |  |  |
| <input checked="" type="checkbox"/> 88. |  |  |
| <input checked="" type="checkbox"/> 89. |  |  |
| <input checked="" type="checkbox"/> 90. |  |  |
| <input checked="" type="checkbox"/> 91. |  |  |
| <input checked="" type="checkbox"/> 92. |  |  |
| <input checked="" type="checkbox"/> 93. |  |  |
| <input checked="" type="checkbox"/> 94. |  |  |

PHYSICAL PLANT 19a-79-7a

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> 62. | (a)(2)  | Fire marshal codes/certificate <u>10/9/24</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) (N/A)         |
| <input checked="" type="checkbox"/> 68. | (c)(4)  | Testing of premises/grounds for chemicals  |
| <input checked="" type="checkbox"/> 69. |   | <u>WATER SUPPLY</u> - Public/Well (Schools-N/A)                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: <u>1/9/24</u>  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: <u>N/A</u>   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible  |
| <input checked="" type="checkbox"/> 70. |   | <u>LEAD PAINT</u> -  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(A)   | Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y(N) Lead Test: Y/N           |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Results _____<br>Lead Management Plan <u>n/a</u>                                   |
| <input checked="" type="checkbox"/> 71. | (d)(1)  | Emergency vehicle access   |

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 95.  |  |  |
| <input checked="" type="checkbox"/> 96.  |  |  |
| <input checked="" type="checkbox"/> 97.  |  |  |
| <input checked="" type="checkbox"/> 98.  |  |  |
| <input checked="" type="checkbox"/> 99.  |  |  |
| <input checked="" type="checkbox"/> 100. |  |  |
| <input checked="" type="checkbox"/> 101. |  |  |
| <input checked="" type="checkbox"/> 102. |  |  |
| <input checked="" type="checkbox"/> 103. |  |  |
| <input checked="" type="checkbox"/> 104. |  |  |
| <input checked="" type="checkbox"/> 105. |  |  |
| <input checked="" type="checkbox"/> 106. |  |  |
| <input checked="" type="checkbox"/> 107. |  |  |

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

PROGRAM NAME: Kinder care Learning Cntr. LICENSE NUMBER: 16040 DATE OF INSPECTION: 2.24.25

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

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

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

- 129.  (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130.  (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136.

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

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

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
  - (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
  - (b) Limited access to screen time/video games

- (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- (l)(1)
- (l)(2)
- 137.
- 138.
- 139. (l)(3)

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

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

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

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

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

**PROGRAM NAME** Kindercare Learning Cntr. **LICENSE NUMBER** 16040 **DATE OF INSPECTION** 2.24.25

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N** Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y

- 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
- 173. (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. - n/a Consent Order/Negotiated Corrective Action Plan conditions N/A

**DISCUSSIONS - COMMENTS**

New regulations discussed  
Policy review checklist provided. Policies to be updated to reflect new regulations.

**SIGNATURE OF OEC STAFF** Betty Mayer  
**PRINTED NAME** Betty Mayer

**SIGNATURE OF PERSON IN CHARGE**   
**PRINTED NAME** Nichole Charron

**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: 3/10/25 **CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Cntr. License # 16040 Date: 2.24.25

Observations/Corrections needed:

#35 Social service, dietician and educational consultant contract missing all required services.#5 Annual policy review not current for two staff.#19 Two staff physicals not observed.#38 one child's physical expired.#130 Documentation that parents have been informed of safe sleep policies not observed.#161 Medication authorizations for child with epipen and benadryl expired.#166 Observed expired epipen on site.

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: Betty Mayer  
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)OEC BY: 3/10/25Print Name: Nichole Charron