

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

PROGRAM NAME	KJ's Eagles Nest Learning Center	LICENSE NUMBER	70506	DATE OF INSPECTION	2/26/25
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RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/> 86. (a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases
	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. (d)(10)(A)	<u>TOILETING</u>
<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(C)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only (N/A)
<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(11)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> (e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> (e)(3)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(5)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(6)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(7)	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)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	<u>LIGHTING</u>
<input checked="" type="checkbox"/> (e)(10)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(11)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(12)	Schl age only-lighting for comfort (N/A)
<input checked="" type="checkbox"/> (e)(13)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(14-15)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(16)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(17)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(18)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (f)(1)(A)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (g)(1)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (g)(2)	Radon test- Results: <u>2.3</u> N/A
<input checked="" type="checkbox"/> (g)(3)	Results posted-Date: <u>3/11/21</u> (Schl age only N/A)
<input checked="" type="checkbox"/> (g)(4)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(5)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(6)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (g)(7)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> (g)(8)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> (g)(9)	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 (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. (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<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"/> 61. (d)	<u>FIRST AID SUPPLIES</u> -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>4/20/23</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. (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools N/A)
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>12/12/23</u>
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/> 71. (d)(1)	Results _____ Lead Management Plan _____ Emergency vehicle access

<input checked="" type="checkbox"/> 95. (e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 96. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97. (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98. (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99. (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 100. (e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 101. (e)(17)	Radon test- Results: <u>2.3</u> N/A
<input checked="" type="checkbox"/> 102. (e)(18)	Results posted-Date: <u>3/11/21</u> (Schl age only N/A)
<input checked="" type="checkbox"/> 103. (f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 104. (g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 105. (g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 106. (g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 107. (g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
	Developmentally app equipment, materials

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

PROGRAM NAME KJ's Eagles Nest Learning Ctr	LICENSE NUMBER 70506	DATE OF INSPECTION 2/24/25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/> MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> N		

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24			<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available			<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/>	153.		SLEEP PROVISIONS			<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
		<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled				Equipment provided by parents
		<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
		<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants				Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	178.	(e)(2)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/>	179.	(e)(3)	

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

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			n/a	(N/A)

DISCUSSIONS - COMMENTS

<input type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	<p style="margin: 0;">NONPRESC. TOPICAL MEDICATION</p> <p>Labeling and Storage</p> <p>Unused/expired meds destroyed/returned</p> <p>MEDICATION TRAINING</p> <p>Medication training-general-oral/top/inhalant</p> <p>Injectable premeasured autoinjector medication</p> <p>Rectal medication</p> <p>Injectable other than premeasured auto-injector</p> <p>Training approval documents/certificates</p> <p>Training outline on file</p> <p>Authorized prescriber/parent permission</p> <p>Medication errors- documentation, parent(s) and OEC notification</p> <p>Medication Administration Records (MAR)</p> <p>Labeling and Storage</p> <p>Emergency medication inaccessible</p> <p>Unused/Expired meds-destroyed/returned</p> <p>Auto-injector/inhalant equipment</p> <p>Self-administration documentation</p> <p>Petition for special medication authorization</p> <p>Potassium Iodide (KI) emergency distribution-permission and storage (N/A)</p>			
<input type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.	(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				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

SIGNATURE OF OEC STAFF	Krisi Morgan Evelynicate Quinones	SIGNATURE OF PERSON IN CHARGE	Lisa Fortner
PRINTED NAME	Krisi Morgan Evelynicate Quinones	PRINTED NAME	Lisa Fortner

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 Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 3/12/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KJ's Eagles Nest License # 70564 Date: 2/26/25

Observations/Corrections needed:

- 4- 1 staff new employee orientation not observed.
- 35- (i) all consultant agreements not current.
 - (i)(2)(A-4) - ~~health~~ ^{Social Service} + education consultant agreements missing health. new requirements.
 - (F) - education + social service consultant logs not current.
- 36- 2 children's files missing date of enrollment; 1 missing father's home + work address.
- 40- 1 individual care plan not signed by staff.
- 48- Observed 1 lunchbox without an ice pack (unchangeable inside); 3y.o. preschool room refrigerator measuring 53°
- 56- Observed staff not wash children's hands prior to eating snack; ^{hand sanitizer used} staff also did not wash children's hands before lunch ~~snack~~ until prompted to do so by licensing specialist.
- 21- 2 staff ^{background check} not current/working today; 1 staff not on roster no verification that staff is current.
- 62- Fire marshal certificate not current.
- 64- observed entry stairs + floors unclean; Unclean microwaves in SA, 3"; unclean refrigerator in SA; electrical closet not protected from classroom w/ exposed insulation in SA room; floor unclean in SA; 2 radiator covers in disrepair in SA; Unclean kitchen sets in most rooms; toys unclean in SA room; Mechanical

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

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

Signature: [Signature] Kirish Nagar
(OEC Representative) Evelyn Vicente-Quinones

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 3/12/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KJ's Eagles Nest License # 70506 Date: 2/26/25

Observations/Corrections needed:

- Closet unlocked in SA room; kitchen sets unsecured in most rooms;
- toy shelf unsecured in 3's; bottom drawer unlocked in preschool bathroom;
- toilet unlocked in preschool bathroom; floor in disrepair in 4's by table.
- 81 - 1 unprotected outlet in 3's; 1 outlet in disrepair in 3's (cover
broken exposing inner outer parts).
- 82 - observed no toilet paper, soap or paper towels in children's
bathroom downstairs.
- 83 - observed staff personal items accessible in both under 3's
rooms.
- 84 - Air temperature in SA room measuring 56.0°
- 85 - water temperature in preschool bathroom + hallway sink
measuring 48°.
- 95 - observed swiffer cleaner in mop on floor by downstairs
childrens bathroom; unlocked cleaners under sink in
staff bathroom.
- 113 - fence not measuring 4 feet (29" in front by road,
3'4" in corner, 3'2" on side); gate that leads to the road
does not function properly.
- 115 - daily/weekly written educational plans not observed.
- 5 - annual policy training not observed.
- 33 - ~~prof~~ professional development not observed.

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

Signature: *Luanna Delgado-Prinone*
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Lisa Tarter*
(Person in Charge)

OEC BY: 3/12/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KJ's Eagles Nest License # 70566 Date: 2/26/25

Observations/Corrections needed:

- 128(c)(7) - observed staff not wash child's hands after diaper change.
- 130(g)(8) - safe sleep policies not posted.
- 159(a)(3)(A-B) - observed 1 unlabeled diaper cream; 2 diaper creams stored accessible in bottom drawer in preschool bathroom.
- (a)(3)(c) - observed 5 expired diaper creams.

Discussed:

- menu not posted 1 week in advance
- 1 breast milk pouch in hall freezer unlabeled.
- observed small tear in diaper changing pad in toddler room.
- 1 light fixture unprotected in preschool room.
- observed prickers accessible on playground.
- old complaint procedure posted
- no medication administration record observed for medication
- first aid kit missing 1 cold pack in 3rd.
- much frozen depth could not be verified - program to maintain compliance at all times.
- program responsible to understand + comply with all new + existing regs.
- policies to be updated/created to meet compliance of new regs ^{advanced} on
- health + safety orientation to be completed for all staff by 4/1/25
- all items checked are either in compliance or discussed.

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

Signature: Kyren Mogan Evelyn Vicente-Quinones
(OEC Representative)
 Print Name: Kyren Mogan Evelyn Vicente-Quinones

Signature: Lisa Fortier
(Person in Charge)
 Print Name: Lisa Fortier

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/12/25