

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

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

Program Name:	Kindercare Learning Center	Date of Inspection:	3.5.25	Time of Arrival:	9:30 am
Address:	1544 Byam Rd.	License Number:	12200	Expiration Date:	12.31.28
Town:	Cheshire 06410	Telephone Number:	203-574-2892	Summer Care:	open
Operator:	Kindercare Education LLC	# of Staff Present:		# over 3 Present:	
Email:	mbaribault@kindercare.com	Total Capacity:	67	Total Under 3 capacity:	32
Designated Director:	Michelle Baribault	Hours/Days of Operation:	M-F 6:30 am to 6:00 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

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

1. (c)(8) Local Health Inspection-Date: 5/31/23

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. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(B-C)	Discipline policy ★
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill ★
<input checked="" type="checkbox"/> (d)(6)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy ★
<input checked="" type="checkbox"/> 12. (d)(1)	Personnel policies
<input checked="" type="checkbox"/> 13. (f)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> (h)	ACCESS
<input checked="" type="checkbox"/> 14. (l)	Immediate access by parents
<input checked="" type="checkbox"/> 15. (m)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 16. (n)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 17. (o)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 18. (e)(1)	Capacity
<input checked="" type="checkbox"/> (e)(2)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> (e)(3)	POSTINGS
<input checked="" type="checkbox"/> (e)(4)	License posted
<input checked="" type="checkbox"/> (e)(5)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(6)	Menus posted
	No Smoking posted signs at entrances
	OEC Inspection report posted or available
	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. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(6)	Mixed age group-ratios																				
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 29. (d)(5)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(5)(A)	GROUP SIZE																				
<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 30. (e)(1)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 31. (f)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 32. (f)(2)	Designated director-training																				
<input checked="" type="checkbox"/> 33. (a)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> (h)(1)(2)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Documentation																				
<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training ★																				
<input checked="" type="checkbox"/> (e)(6)	1% annual hours																				
<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios																				
<input checked="" type="checkbox"/> (i)	Non-swimmers identified																				
<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS ★																				
(H)(i)-(I)(i)	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																				
	<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>n/a</td> <td>n/a</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓	✓	Health	✓	✓	✓	Soc. Serv.	✓	✓	✓	Dietitian	n/a	n/a	
	Contracts	Logs	Visits																		
Education	✓	✓	✓																		
Health	✓	✓	✓																		
Soc. Serv.	✓	✓	✓																		
Dietitian	n/a	n/a																			

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

PROGRAM NAME KinderCare Learning Center LICENSE NUMBER 12200 DATE OF INSPECTION 3.5.25

RECORD KEEPING 19a-79-5

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

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 6/10/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 3/20/24
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside
- (c)(6)(B-D) Building Pre-78: Y/N Lead Test: Y/N Results no lead identified
- (c)(6)(B-D) Lead Management Plan n/a
- 71. (d)(1) Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. (d)(10)(A) TOILETING
- (d)(10)(B) Shared toilets/sinks-supervision plan
- (d)(10)(C) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (d)(10)(D) Required toilets/sinks-1:25 schl age only
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
- (d)(11) Staff personal articles inaccessible
- (e)(1) AIR TEMPERATURE
- (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- (e)(2) Air temp <65°F comfortable (Schl age only-N/A)
- (e)(3) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(4) Water temperature 60 °F - 120 °F
- (e)(5) Portable space heaters prohibited
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(6) Rugs- not tripping/slipping hazard
- (e)(7) Hot water/Steam pipes protected
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- (e)(8) LIGHTING
- (e)(9) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- (e)(9) Schl age only-lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
- (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(12) Stairs-protected/good repair-handrails
- (e)(13) Toxic plants/materials inaccessible
- (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- (e)(16) Prevention of vermin-openings screened
- (e)(17) Radon test- Results: 41.3 N/A
- (e)(17) Results posted-Date: 3/31/08 (Schls-N/A)
- (e)(18) Carbon monoxide detector-each level N/A
- (f)(1)(A) Program space-adequate-35 sq. ft. per child
- (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
- (g)(4) Developmentally app equipment, materials

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

PROGRAM NAME Kindercare Learning Cntr. **LICENSE NUMBER** 12200 **DATE OF INSPECTION** 8.5.25

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 playg. 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. FENCES
 - (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
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (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)
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
 - (i)(1)(2A-C)
- 131.
- 132.
- 133.
- 134.
- 135.
- 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 1/4 " 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 1/4 "-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 ✕

- 137.
- 138.
- 139.

UNDER THREE ENDORSEMENT 19a-79-10 YN

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

- 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)
- 141. (c)
- 142. (c)(1)
- (c)(2)
- (c)(3)
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

- Approved Schl Age Endorsement
- SCHEDULE - ACTIVITIES
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 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
 Ratio- 1:15 ✕
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

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

PROGRAM NAME: Kindercare Learning Cntr. LICENSE NUMBER: 12200 DATE OF INSPECTION: 3.5.25

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

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input type="checkbox"/> 171. (a)(1)	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 Self-administration - written authorization and under supervision of trained staff 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
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172. (b)(1)(A)	
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(B)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (i)-(iii)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> (b)(2)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(3)	
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input type="checkbox"/> (c)(2)	
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input type="checkbox"/> 173. (c)(3)	
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft	<input type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified Local health approval		

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

<input checked="" type="checkbox"/> 157. (9a)	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 N/A	<input type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions	N/A
<input checked="" type="checkbox"/> 158. (9a)			<u>n/a</u>	
<input checked="" type="checkbox"/> 159. (a)(2)				
<input checked="" type="checkbox"/> (a)(3)(A-B)				

DISCUSSIONS - COMMENTS

* items new regulations/ discussed.

- policy review checklist provided. Policies to be updated.

- new complaint procedure provided.

SIGNATURE OF OEC STAFF	<u>Betty mayer</u>	SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	<u>Betty Mayer</u>	PRINTED NAME	<u>Alba Cuevas</u>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Inspection shall be posted or available for review upon request.

Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov
 Written Corrective Action Plan Due by: 3/19/25
 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 Center License # 12200 Date: 3.5.25

Observations/Corrections needed:

Program not in compliance when...

#35(i)(2)(A-H) social service and health consultant contract missing all required services.

#38 TWO children's physicals expired.

#39 one child missing documentation of flu vaccine.

#40 one care plan for child with albuterol missing parent signature. One care plan for child with asthma not observed.

#66 Refrigerators observed to be unclean in TODC, Multiage A + B and toddler A. Unclean microwaves (in and underneath) observed in Multiage A + B, two's B and two's A.

#81 observed 1 outlet not protected in Multiage B, 4 outlets not protected in Multiage A and several outlets covered with masking tape in Multiage A.

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: 3119125

Print Name: Alba Cuevas

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning^{cntr.} License # 12200 Date: 3.5.25Observations/Corrections needed:

Blue
 #88 Walls in infant and TWO'S B observed to be peeling; in disrepair. The wall on the outside of the classroom (white wall) also observed with peeling paint. Observed sticky tape residue on half wall in TOD A.

#130 (g)(8) Documentation that parents have been informed of programs safe sleep policy not observed.

#104 observed epi pen for one child without prescription label attached.

Discussed: ① 1 staff not on BCIS roster
 ② 1 child missing emergency permission

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

OEC BY: 3/19/25Signature: [Signature]
(Person in Charge)Print Name: Alba Cuevas