

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

Kidco Child Care Center		3/21/25	8:45am
2191 Berlin Turnpike		15062	2/28/26
Newington, CT 06111		860 667 7191	open
Kidco Inc	# of Staff Present: 6	# over 3 Present: 43	# under 3 Present: 0
Kidcochildcare@yahoo.com	Total Capacity: 96	Total Under 3 capacity: 0	Ages Served: 3-5yrs
Maria Bomey		M-F 6:30am-6pm	

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

1.	(c)(8)	Local Health Inspection-Date: 6/16/25	<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"/> 21a.	(b)(2)	Past employment history
			<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
			<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
			<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
			<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
			<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
			<input checked="" type="checkbox"/> 27.		<b>RATIOS</b>
				<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
				<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
				<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
			<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
			<input checked="" type="checkbox"/> 29.		<b>GROUP SIZE</b>
				<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
				<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
				<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
			<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
			<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
			<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
			<input checked="" type="checkbox"/> 33.		<b>PROFESSIONAL DEVELOPMENT</b>
				<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
				<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
				<input checked="" type="checkbox"/> (h)(2)	1% annual hours
			<input checked="" type="checkbox"/> 34.		<b>SWIMMING ACTIVITIES - Y/N</b>
				<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
				<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
				<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
				<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
			<input type="checkbox"/> 35.		<b>CONSULTANTS</b>
				<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
				<input type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
				<input type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
				<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
				(H)(i)-(I)(i)	
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.		<b>POLICIES-COMplete/IMPLEMENTED</b>			
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy			
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy			
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy			
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy			
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill			
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy			
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies			
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy			
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies			
12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.			
13.		<b>ACCESS</b>			
	<input checked="" type="checkbox"/> (f)	Immediate access by parents			
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records			
14.	(l)	2.8 yr olds in prek-authorization			
15.	(m)	Motor vehicle laws-transportation			
16.	(n)	Capacity			
17.	(o)	Respond to OEC-no false, misleading statements or documents			
18.		<b>POSTINGS</b>			
	<input checked="" type="checkbox"/> 3a(e)(1)	License posted			
	<input type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted			
	<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy			
	<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted			
	<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances			
	<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available			
	<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted			
	<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted			
	<input checked="" type="checkbox"/> 10((g)(8)	Safe Sleep policy posted (Schls-N/A)			

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kindco

15062

3/21/25

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission 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

<input checked="" type="checkbox"/> 71.	(d)(1)
<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 82.	(d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H)
<input checked="" type="checkbox"/> 83.	(d)(11)
<input checked="" type="checkbox"/> 84.	(e)(1)
<input checked="" type="checkbox"/> 86.	(e)(2)
<input checked="" type="checkbox"/> 87.	(e)(3)
<input checked="" type="checkbox"/> 88.	(e)(4)
<input checked="" type="checkbox"/> 90.	(e)(5)
<input checked="" type="checkbox"/> 91.	(e)(5)
<input checked="" type="checkbox"/> 94.	(e)(6)
<input checked="" type="checkbox"/> 95.	(e)(7)
<input checked="" type="checkbox"/> 96.	(e)(7)
<input checked="" type="checkbox"/> 97.	(e)(7)
<input checked="" type="checkbox"/> 98.	(e)(8)
<input checked="" type="checkbox"/> 99.	(e)(9)
<input checked="" type="checkbox"/> 100.	(e)(10)
<input checked="" type="checkbox"/> 101.	(e)(11)
<input checked="" type="checkbox"/> 102.	(e)(12)
<input checked="" type="checkbox"/> 103.	(e)(13)
<input checked="" type="checkbox"/> 104.	(e)(14-15)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

Emergency vehicle access
Walkways maintained
Windows protected to prevent falls
Window screens
Glass/mirrors protected- 36"
Overhead doors-locking devices, spring protectors (N/A)
Exits, stairs, hallways unobstructed
Individual storage of clothing and bedding
<b>SMOKING</b>
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety - outlets inaccessible - covered or protected
<b>TOILETING</b>
Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
Staff personal articles inaccessible
<b>AIR TEMPERATURE</b>
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60°F-120°F
Portable space heaters prohibited
<b>WALLS/CEILINGS/FLOORS/RUGS</b>
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not a tripping/slipping hazard
Hot water/Steam pipes protected
<b>TELEPHONE/TELEPHONE NUMBERS</b>
Working phone on each level
Emergency numbers posted-adjacent to phone
Parents provided direct on site phone number
<b>LIGHTING</b>
All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-sufficient lighting to be visible
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, material labeled, inaccessible
Garbage/rubbish-disposed of daily, containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written care plan including access to children
Measures to prevent vermin
Radon test- Results: <u>1.3</u> (Sch)
Carbon monoxide detector-each level
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair non-toxic-sturdy, free from protruding nails, free from rust
Adequate equipment for rest-cleaned (Grp Homes only-mats/sleeping bags)
Air conditioners/water heaters/fuse box inaccessible
Developmentally app equipment, ma

<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(N/A)
<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 (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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<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
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 83.	(d)(11)
<input checked="" type="checkbox"/> 84.	(e)(1)
<input checked="" type="checkbox"/> 86.	(e)(2)
<input checked="" type="checkbox"/> 87.	(e)(3)
<input checked="" type="checkbox"/> 88.	(e)(4)
<input checked="" type="checkbox"/> 90.	(e)(5)
<input checked="" type="checkbox"/> 91.	(e)(5)
<input checked="" type="checkbox"/> 94.	(e)(6)
<input checked="" type="checkbox"/> 95.	(e)(7)
<input checked="" type="checkbox"/> 96.	(e)(7)
<input checked="" type="checkbox"/> 97.	(e)(7)
<input checked="" type="checkbox"/> 98.	(e)(8)
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<input checked="" type="checkbox"/> 105.	(g)(2)
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<input checked="" type="checkbox"/> 107.	(g)(4)

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<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>01/3/24</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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - (Public/Well (Schools-N/A)) Lead Water Test - Date: <u>9/28/23</u> (N/A) Bact./Chem Test-Date: _____ Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: <u>Y/N</u> Results _____ Lead Management Plan <u>every 24m</u>
	<input checked="" type="checkbox"/>	Peeling Paint - <u>Y/N</u> Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)
<input checked="" type="checkbox"/> 96.	(e)(11)
<input checked="" type="checkbox"/> 97.	(e)(12)
<input checked="" type="checkbox"/> 98.	(e)(13)
<input checked="" type="checkbox"/> 99.	(e)(14-15)
<input checked="" type="checkbox"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

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

**PROGRAM NAME:** Koko

**SCHOOL AGE ENDORSEMENT 19a-79-11**  **MONITORING OF DIABETES 19a-79-11**

**INSPECTION NUMBER:** 15062 **DATE OF INSPECTION:** 3/2/25

**NIGHT CARE ENDORSEMENT 19a-79-9a**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent  
Designated Head teacher approved- 60%

146. (g)

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

54. (b)(8) Air temp 65 °F at 3 ft

55. (b)(9) Fire marshal approval-hours specified

56. (b)(10) 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. (e)(3)

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

**MINISTRATION OF MEDICATIONS 19a-79-9a**  **ADDITIONAL VIOLATION**

57. (9a) Written medication policies/procedures

58. (9a) Permit enrollment of children with asthma, allergies, diabetes

59. **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

60. **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

61. (b)(3)(A-B) Authorized prescriber/parent permission

62. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

63. (b)(4)(A-B) Medication Administration Records (MAR)

64. (b)(5)(A-B) Labeling and Storage

65. (b)(5)(C) Emergency medication inaccessible

66. (b)(5)(D) Unused/Expired meds-destroyed/returned

67. (b)(5)(E) Auto-injector/inhalant equipment

68. (b)(6) Self-administration documentation

69. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution—permission and storage (N/A)

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

update policies per checks for new regulations

- health + safety training for all staff by 4/1/25

- education consultant visit 1x year

- Admin oversight posted per new regulations

- water stain in duck pond ceiling

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

**Signature OEC staff:** Sha Kellen Kellerman

**Printed Name:** Kellerman

**Signature:** Meghan Luther

**Printed Name:** Meghan Luther

**Signature of person in charge:** Meghan Luther

**Printed Name:** Meghan Luther

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/4/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidco License # 15002 Date: 3/21/2

Observations/Corrections needed:

Regulations Not in compliance when observed:

- #18- Ad Complaint procedure posted
- #35- Social service consultant agreement Not current with new regulations social service assessed Not review programs policies/procedures. log
- #40 -5 care plans Not signed by staff
- #66- dusty vents in Deer Run, owl nest, Bear cave and hall way. Dirty microwaves in Deer run, fox den and kids bathrooms (2 vents boys, 1 girl)
- #95- Bleach/water solutions Not labeled with dilutions. Lock broken in Deer run with cleaners/chemicals accessible to children
- #70- Lead ~~MP~~<sup>SP</sup> Management plan Not implemented every 2 years. Last log was from 2017.

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: 4/4/25

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

Signature: [Signature]  
(Person in Charge)  
Print Name: Meghan Luther