

**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:      | 4/2/25        | Time of Arrival:        | 8:20am  |
| Address:             | 39 Wellington Rd                | License Number:          | 15794         | Expiration Date:        | 7/31/26 |
| Town:                | Milford 06461                   | Telephone Number:        | 203-876-2796  | Summer Care:            | Open    |
| Operator:            | Kindercare Learning Centers LLC | # of Staff Present:      | 10            | # over 3 Present:       | 23      |
| Email:               | roxann.dimaio@kindercare.com    | Total Capacity:          | 164           | Total Under 3 capacity: | 64      |
| Designated Director: | Roxann Dimaio                   | Hours/Days of Operation: | 6:30am-6:30pm |                         |         |

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

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**

| <input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9/27/23 | <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. (d)(4)(A)         | <b>RATIOS</b>   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 27. (d)(4)(B)         | Ratio 1:10 - Indoors/Outdoors   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 27. (d)(6)            | Mixed age group   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <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"/> 30. (d)(5)(A)         | <b>GROUP SIZE</b>   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 31. (e)(1)            | Group Size-Indoors/Outdoors   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 32. (f)(1)            | Group Size-school age field trips/outdoors  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 33. (f)(2)            | Mixed age group-group size  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 34. (a)(2)            | Designated director-training  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (h)(1)            | CPR certified program staff   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (h)(2)            | First aid certified program staff   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (j)(1)(A)-(D)     | <b>PROFESSIONAL DEVELOPMENT</b>   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (i) - (i)(2)(A-H) | Documentation of prof. dev/trainings  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (F)               | Health & Safety training  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (i)(2)            | 1% annual hours   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   | <input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)     | <b>SWIMMING ACTIVITIES - Y/N</b>  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | Swimming-Ratios   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | Non-swimmers identified   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | CPR certified staff-age 20 or older   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | Lifeguard-certified-supervising   |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | <b>CONSULTANTS</b>  |                                     |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
|   |   | Consultants-Education, Health, Social Service, Dietitian (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><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> |                                     | 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dietitian | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|   | 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 checked="" type="checkbox"/>                       | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |
| Dietitian   | <input checked="" type="checkbox"/>                       | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |           |      |        |           |                                     |                                     |                                     |        |                                     |                                     |                                     |            |                                     |                                     |                                     |           |                                     |                                     |                                     |

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

|   |                                    |   |
|---|------------------------------------|---|
| <b>PROGRAM NAME</b> <u>Kindercare Learning Center</u> | <b>LICENSE NUMBER</b> <u>15794</u> | <b>DATE OF INSPECTION</b> <u>4/2/25</u> |
|---|------------------------------------|---|

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>RECORD KEEPING 19a-79-5a</b> | <b>PHYSICAL PLANT 19a-79-7a cont.</b> |
|---------------------------------|---------------------------------------|

|                                     |     |  |   |                                     |     |  |  |
|-------------------------------------|-----|--|---|-------------------------------------|-----|--|--|
| <input checked="" type="checkbox"/> | 36. | (a)(1)(A-C)  | Children's Enrollment information             | <input checked="" type="checkbox"/> | 71. | (d)(1)                                     | Emergency vehicle access   |
| <input checked="" type="checkbox"/> | 37. |  | <b>PARENT PERMISSIONS</b>                     | <input checked="" type="checkbox"/> | 72. | (d)(2)                                     | Walkways maintained  |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                  | <input checked="" type="checkbox"/> | 73. | (d)(3)                                     | Windows protected to prevent falls   |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                 | <input checked="" type="checkbox"/> | 74. | (d)(3)                                     | Window screens   |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                         | <input checked="" type="checkbox"/> | 75. | (d)(4)                                     | Glass/mirrors protected- 36"   |
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                     | <input checked="" type="checkbox"/> | 76. | (d)(5)                                     | Overhead doors--locking devices, spring protectors (N/A)                           |
| <input checked="" type="checkbox"/> | 38. | (a)(2)(A-B)  | Child Health Records                          | <input checked="" type="checkbox"/> | 77. | (d)(6), (f)(3)                             | Exits, stairs, hallways unobstructed   |
| <input checked="" type="checkbox"/> | 39. | (a)(2)(C)  | Immunization records                          | <input checked="" type="checkbox"/> | 78. | (d)(7)                                     | Individual storage of clothing and bedding   |
| <input checked="" type="checkbox"/> | 40. | (a)(2)(E)  | Individual care plan--signed by parents/staff | <input checked="" type="checkbox"/> | 79. |  | <b>SMOKING</b>   |
| <input checked="" type="checkbox"/> | 41. | (a)(3)(A)  | Injury, Illness, Incident, Accident reports   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| <input checked="" type="checkbox"/> | 42. | (a)(3)(B)  | Parent notification of illness or injury      | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(8) | Matches/lighters inaccessible  |
| <input checked="" type="checkbox"/> | 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality      | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(9) | Electrical safety -- outlets inaccessible - covered or protected                   |
| <input checked="" type="checkbox"/> | 44. | (a)(3)(D)  | Notify DPH, local health-reportable diseases  | <input checked="" type="checkbox"/> |     |  | <b>TOILETING</b>   |
| <input checked="" type="checkbox"/> | 45. | (a)(4)   | Video recordings- keep 30 days                | <input checked="" type="checkbox"/> |     |  | Shared toilets/sinks--supervision plan   |

|                                    |  |
|------------------------------------|--|
| <b>HEALTH and SAFETY 19a-79-6a</b> |  |
|------------------------------------|--|

|                                     |     |   |  |                                     |     |  |   |
|-------------------------------------|-----|---|--|-------------------------------------|-----|--|---|
| <input checked="" type="checkbox"/> | 46. | (a)(1)                                  | Preparation, transportation of food--follow DPH Model Food Code (N/A)  | <input checked="" type="checkbox"/> | 82. | (d)(10)(A)                                     | Toileting needs met   |
| <input checked="" type="checkbox"/> | 47. | (a)(2)                                  | Nutritious meals and snacks  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(B) | Potty chairs--nonporous, emptied, disinfected   |
| <input checked="" type="checkbox"/> | 48. | (a)(3)                                  | Proper refrigeration--41 degrees   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks--1:16  |
| <input checked="" type="checkbox"/> | 49. | (a)(4)                                  | Menus--1 wk in advance- keep 3 mths  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(C) | Toileting Supplies--Hand drying--Garbage  |
| <input checked="" type="checkbox"/> | 50. | (a)(5)                                  | Food Service Inspection <u>2/10/25</u> (N/A)   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children  |
| <input checked="" type="checkbox"/> | 51. | (a)(6)                                  | Kitchen-clean/safe storage of food/supplies(N/A)   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(E) | Toilets/sinks located at the facility   |
| <input checked="" type="checkbox"/> | 52. | (a)(7)                                  | Separate hand washing facilities   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(F) | Well lighted/ventilated toilet rooms  |
| <input checked="" type="checkbox"/> | 53. | (a)(8)                                  | Multi-use eating/drinking utensils   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(G) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A)   |
| <input checked="" type="checkbox"/> | 54. | (a)(9)                                  | Kitchen separated (N/A)  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(10)(H) | Staff personal articles inaccessible  |
| <input checked="" type="checkbox"/> | 55. | (a)(10)                                 | Children supervised during meal prep   | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (d)(11)    | <b>AIR TEMPERATURE</b>  |
| <input checked="" type="checkbox"/> | 56. | (a)(11)                                 | Handwashing--staff/children  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(1)     | Air temp 65 °F at 3 ft --non-mercury thermometer affixed to wall                                      |
| <input checked="" type="checkbox"/> | 57. | (b)(1)                                  | Illness procedures--staff knowledgeable, children observed for signs/symptoms  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation   |
| <input checked="" type="checkbox"/> | 58. | (b)(2)                                  | Designated isolation area  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(3)     | Water temperature 60°F--120°F   |
| <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"/> |     | <input checked="" type="checkbox"/> (e)(4)     | Portable space heaters prohibited   |
|                                     |     | <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"/> |     | <input checked="" type="checkbox"/> (e)(5)     | <b>WALLS/CEILINGS/FLOORS/RUGS</b>   |
|                                     |     | <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"/> |     | <input checked="" type="checkbox"/> (e)(5)     | Walls/ceilings/floors/rugs clean/good repair  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(6)     | Rugs- not a tripping/slipping hazard  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(7)     | Hot water/Steam pipes protected   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(7)     | <b>TELEPHONE/TELEPHONE NUMBERS</b>  |
|                                     |     |   |  | <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)(8)     | Parents provided direct on site phone number  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(9)     | <b>LIGHTING</b>   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(9)     | All areas min. 1 foot candle of lighting  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(9)     | Adequate lighting--30/50 candle feet--sufficient lighting to be visible                               |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(10)    | Enough lighting for comfort   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(10)    | Light fixtures shielded/shatter proof   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(11)    | Potentially hazardous substances, materials labeled, inaccessible                                     |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(12)    | Garbage/rubbish--disposed of daily, containers in good repair   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(13)    | Stairs--protected/good repair--handrails  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(14-15) | Toxic plants/materials inaccessible   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(16)    | Pets or other animals--in good health, written care plan including access to children                 |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(17)    | Measures to prevent vermin  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(18)    | Radon test- Results: <u>.7</u> (Schls-N/A)  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (f)(1)(A)  | Carbon monoxide detector--each level N/A  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(1)     | Program space--adequate--35 sq. ft. per child   |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(2)     | Equipment--clean and safe, good repair, non-toxic--sturdy, free from protruding nails, free from rust |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(3)     | Adequate equipment for rest--cleaned--cots (Grp Homes only--mats/sleeping bags)                       |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(4)     | Air conditioners/water heaters/fuse boxes inaccessible  |
|                                     |     |   |  | <input checked="" type="checkbox"/> |     |  | Developmentally app equipment, materials  |

|                                 |  |
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| <b>PHYSICAL PLANT 19a-79-7a</b> |  |
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|                                     |     |   |  |                                     |     |  |   |
|-------------------------------------|-----|---|--|-------------------------------------|-----|--|---|
| <input checked="" type="checkbox"/> | 62. | (a)(2)  | Fire marshal codes/certificate <u>10/8/24</u>                                    | <input checked="" type="checkbox"/> | 95. | (e)(11)  | Garbage/rubbish--disposed of daily, containers in good repair   |
| <input checked="" type="checkbox"/> | 63. | (b)   | Indoor/Outdoor space inspected/approved  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(12)    | Stairs--protected/good repair--handrails  |
| <input checked="" type="checkbox"/> | 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                     | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(13)    | Toxic plants/materials inaccessible   |
| <input checked="" type="checkbox"/> | 65. | (b)(6)  | Space not inspected/approved but used for field trips--written parent permission | <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 type="checkbox"/>            | 66. | (c)(2)  | Licensed premises--clean, good repair, hazard free, maintenance program          | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(16)    | Measures to prevent vermin  |
| <input checked="" type="checkbox"/> | 67. | (c)(3)  | Building/Equipment/Furnishings--sanitary, hazard free (N/A)                      | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(17)    | Radon test- Results: <u>.7</u> (Schls-N/A)  |
| <input checked="" type="checkbox"/> | 68. | (c)(4)  | Testing of premises/grounds for chemicals  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (e)(18)    | Carbon monoxide detector--each level N/A  |
| <input checked="" type="checkbox"/> | 69. |   | <b>WATER SUPPLY</b> -- Public/Well (Schools-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"/> (c)(5)(A)   | Lead Water Test -- Date: <u>5/26/22</u>  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(1)     | Equipment--clean and safe, good repair, non-toxic--sturdy, free from protruding nails, free from rust |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test--Date: <u>---</u> (N/A)  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(2)     | Adequate equipment for rest--cleaned--cots (Grp Homes only--mats/sleeping bags)                       |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible  | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> (g)(3)     | Air conditioners/water heaters/fuse boxes inaccessible  |
| <input checked="" type="checkbox"/> | 70. | <input checked="" type="checkbox"/> (c)(6)(A)   | <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>N/A</u>       | <input checked="" type="checkbox"/> |     |  | Developmentally app equipment, materials  |
|                                     |     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan <u>---</u>  | <input checked="" type="checkbox"/> |     |  |   |
|                                     |     |   | Peeling Paint -- Y/N Inside/Outside <u>N/A</u>                                   | <input checked="" type="checkbox"/> |     |  |   |

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

|                     |                            |                       |       |                           |        |
|---------------------|----------------------------|-----------------------|-------|---------------------------|--------|
| <b>PROGRAM NAME</b> | Kindercare Learning Center | <b>LICENSE NUMBER</b> | 15794 | <b>DATE OF INSPECTION</b> | 4/2/25 |
|---------------------|----------------------------|-----------------------|-------|---------------------------|--------|

|                                       |  |
|---------------------------------------|--|
| <b>PHYSICAL PLANT 19a-79-7a cont.</b> | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b> |
|---------------------------------------|--|

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

|   |      |          |  |
|---|------|----------|--|
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b> |      |          |  |
| <input checked="" type="checkbox"/>       | 115. | (a)      | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents  |
| <input checked="" type="checkbox"/>       | 116. | (a)      | <b>EDUCATIONAL REQUIREMENTS</b>  |
| <input checked="" type="checkbox"/>       |      | (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, moderate and vigorous physical activity that takes place outdoors |
| <input checked="" type="checkbox"/>       |      | (b)      | Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes   |

|  |     |
|--|-----|
| <b>UNDER THREE ENDORSEMENT 19a-79-10</b> | Y/N |
|--|-----|

|                                     |      |                |  |
|-------------------------------------|------|----------------|--|
| <input checked="" type="checkbox"/> | 117. | (b)            | Approved Under 3 Endorsement   |
| <input checked="" type="checkbox"/> | 118. | (c)(2)         | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)   |
| <input checked="" type="checkbox"/> | 119. | (c)(3)         | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)                       |
| <input checked="" type="checkbox"/> | 120. | (c)(4)         | Physical barriers separating each group of children- indoors/outdoors                  |
| <input checked="" type="checkbox"/> | 121. | (d)(1)(A-C)    | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input checked="" type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs/Pack-n-Plays -in compliance w/CPSC   |
| <input checked="" type="checkbox"/> | 123. | (d)(2)(B)      | Washable cots  |
| <input checked="" type="checkbox"/> | 124. | (d)(2)(C)      | Chairs for feeding-stable base-safety straps-locking tray                              |
| <input checked="" type="checkbox"/> | 125. | (d)(2)(D)      | Dev. appropriate tables/chairs/equipment   |
| <input checked="" type="checkbox"/> | 126. | (d)(2)(E)      | Refrigerator and food prep facilities  |
| <input checked="" type="checkbox"/> | 127. | (d)(3)(A-C)    | Optional furniture/equip-safe/hazard free  |
| <input checked="" type="checkbox"/> | 128. |                | <b>DIAPERING</b>   |
| <input checked="" type="checkbox"/> |      | (e)(1)         | Diaper area: elevated/sturdy/safety rail   |

|                                     |      |              |  |
|-------------------------------------|------|--------------|--|
| <input checked="" type="checkbox"/> | 128. | (e)(2)       |  |
| <input checked="" type="checkbox"/> |      | (e)(3)       |  |
| <input checked="" type="checkbox"/> |      | (e)(4)       |  |
| <input checked="" type="checkbox"/> |      | (e)(5)       |  |
| <input checked="" type="checkbox"/> |      | (e)(6-9)     |  |
| <input checked="" type="checkbox"/> |      | (e)(7)       |  |
| <input checked="" type="checkbox"/> |      | (e)(8)       |  |
| <input checked="" type="checkbox"/> |      | (e)(10)(A-C) |  |
| <input checked="" type="checkbox"/> | 129. | (f)(1)       |  |
| <input checked="" type="checkbox"/> |      | (f)(2)       |  |
| <input checked="" type="checkbox"/> |      | (f)(3)       |  |
| <input checked="" type="checkbox"/> |      | (f)(4)       |  |
| <input checked="" type="checkbox"/> | 130. | (g)(1)       |  |
| <input checked="" type="checkbox"/> |      | (g)(1)       |  |
| <input checked="" type="checkbox"/> |      | (g)(1)       |  |
| <input checked="" type="checkbox"/> |      | (g)(2)       |  |
| <input checked="" type="checkbox"/> |      | (g)(3)       |  |
| <input checked="" type="checkbox"/> |      | (g)(4)       |  |
| <input checked="" type="checkbox"/> |      | (g)(5)       |  |
| <input checked="" type="checkbox"/> |      | (g)(6)       |  |
| <input checked="" type="checkbox"/> |      | (g)(7)       |  |
| <input checked="" type="checkbox"/> |      | (g)(8)       |  |
| <input checked="" type="checkbox"/> | 131. | (h)(1)       |  |
| <input checked="" type="checkbox"/> |      | (h)(1)       |  |
| <input checked="" type="checkbox"/> |      | (h)(2)       |  |
| <input checked="" type="checkbox"/> |      | (h)(2)       |  |
| <input checked="" type="checkbox"/> | 135. | (i)(1)(2A-C) |  |
| <input checked="" type="checkbox"/> | 136. | (j)          |  |
| <input checked="" type="checkbox"/> |      | (k)(1)       |  |
| <input checked="" type="checkbox"/> |      | (k)(2)       |  |
| <input checked="" type="checkbox"/> |      | (k)(3)       |  |
| <input checked="" type="checkbox"/> |      | (k)(4)       |  |
| <input checked="" type="checkbox"/> |      | (k)(5)       |  |
| <input checked="" type="checkbox"/> | 137. | (l)(1)       |  |
| <input checked="" type="checkbox"/> | 138. | (l)(2)       |  |
| <input checked="" type="checkbox"/> | 139. | (l)(3)       |  |

**DIAPERING cont.**  
 Diaper area: used only for this purpose, located in the program area  
 Diaper area: non-porous surface/good repair  
 Diaper area: washed/disinfected after use  
 Diaper area: disposable paper sheets  
 Covered waste receptacle-removed daily  
 Handwashing-staff/children  
 Diapering-Handwashing policies-posted/followed  
 Cloth diapers-written plan developed

**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 - parents informed

**TOYS AND OTHER OBJECTS**  
 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

|   |     |
|---|-----|
| <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> | Y/N |
|---|-----|

|                                     |      |        |  |
|-------------------------------------|------|--------|--|
| <input checked="" type="checkbox"/> | 140. | (b)    | Approved Schl Age Endorsement  |
| <input checked="" type="checkbox"/> | 141. | (c)    | <b>SCHEDULE - ACTIVITIES</b>   |
| <input checked="" type="checkbox"/> |      | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents  |
| <input checked="" type="checkbox"/> |      | (c)(2) | Activities not a duplication of child's day  |
| <input checked="" type="checkbox"/> |      | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children  |
| <input checked="" type="checkbox"/> |      | (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (d)    | Ratio- 1:15  |
| <input checked="" type="checkbox"/> | 144. | (e)    | Group size- max. 30  |

|                                     |      |        |  |
|-------------------------------------|------|--------|--|
| <input checked="" type="checkbox"/> | 140. | (b)    | Approved Schl Age Endorsement  |
| <input checked="" type="checkbox"/> | 141. | (c)    | <b>SCHEDULE - ACTIVITIES</b>   |
| <input checked="" type="checkbox"/> |      | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents  |
| <input checked="" type="checkbox"/> |      | (c)(2) | Activities not a duplication of child's day  |
| <input checked="" type="checkbox"/> |      | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children  |
| <input checked="" type="checkbox"/> |      | (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (d)    | Ratio- 1:15  |
| <input checked="" type="checkbox"/> | 144. | (e)    | Group size- max. 30  |

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

|   |              |  |  |   |   |  |        |
|---|--------------|--|--|---|---|--|--------|
| <b>PROGRAM NAME</b>   |              | Kindercare Learning Center   |  | <b>LICENSE NUMBER</b>   | 15794   | <b>DATE OF INSPECTION</b>  | 4/2/25 |
| <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>   |              |  |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |   |  |        |
| <input checked="" type="checkbox"/> 145.  | (f)          | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent        |  | <input checked="" type="checkbox"/> 171.  | (a)(1)  | Written policies and procedures  |        |
| <input checked="" type="checkbox"/> 146.  | (g)          | Designated Head teacher approved- 60%  |  | <input checked="" type="checkbox"/> 172.  | <input checked="" type="checkbox"/> (b)(1)(A)<br><input checked="" type="checkbox"/> (b)(1)(B)<br>(i)-(iii) | <b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions   |        |
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>  |              |  |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |   |  |        |
| <input type="checkbox"/> 147.   | (b)          | Approved Night Care Endorsement  |  | <input checked="" type="checkbox"/> 173.  | <input checked="" type="checkbox"/> (b)(2)<br><input checked="" type="checkbox"/> (b)(3)                    | Training updated at least every 3 years  |        |
| <input type="checkbox"/> 148.   | (b)(1)       | Person in charge-head teacher  |  | <input checked="" type="checkbox"/> 174.  | (c)(2)  | Written documentation of training  |        |
| <input type="checkbox"/> 149.   | (b)(2)       | Written plan for program activities- meet individual needs, sleep patterns, quiet activities |  | <input checked="" type="checkbox"/> 175.  | (c)(3)  | Trained staff on site when child is present  |        |
| <input type="checkbox"/> 150.   | (b)(3)       | Written plan for supervision including cot placement and evacuation                          |  | <input checked="" type="checkbox"/> 176.  | (d)(1)  | Self-administration - written authorization and under supervision of trained staff   |        |
| <input type="checkbox"/> 151.   | (b)(4)       | Children in care no more than 12 hrs. in 24  |  | <input checked="" type="checkbox"/> 177.  | (d)(2)  | Equipment provided by parents  |        |
| <input type="checkbox"/> 152.   | (b)(5)       | Staff awake and available  |  | <input checked="" type="checkbox"/> 178.  | (d)(3)  | Equipment labeled and inaccessible   |        |
| <input type="checkbox"/> 153.   |              | <b>SLEEP PROVISIONS</b>  |  | <input checked="" type="checkbox"/> 179.  | (e)(1)  | Signed agreement with parent regarding equipment, supplies, materials to be discarded  |        |
| <input type="checkbox"/> 154.   | (b)(6)       | Individual cot/crib with bedding   |  |   | (e)(2)  | Authorized prescriber written order  |        |
| <input type="checkbox"/> 155.   | (b)(6)(A)    | Sleeping apparel/toiletries labeled  |  |   | (e)(3)  | Written authorization from parent  |        |
| <input type="checkbox"/> 156.   | (b)(6)(B)    | Required bedding   |  |   |   | Testing results and actions taken – documented and kept on file, ensure parents are notified daily   |        |
| <input type="checkbox"/> 156.   | (b)(6)(C)    | Required toiletries  |  |   |   |  |        |
| <input type="checkbox"/> 156.   | (b)(6)(D)    | Bedding/sleeping apparel laundered weekly  |  |   |   |  |        |
| <input type="checkbox"/> 156.   | (b)(7)       | Sleep arrangements for infants   |  |   |   |  |        |
| <input type="checkbox"/> 154.   | (b)(8)       | Air temp 65 °F at 3 ft   |  |   |   |  |        |
| <input type="checkbox"/> 155.   | (b)(9)       | Fire marshal approval-hours specified  |  |   |   |  |        |
| <input type="checkbox"/> 156.   | (b)(10)      | Local health approval  |  |   |   |  |        |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>  |              |  |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |   |  |        |
| <input checked="" type="checkbox"/> 157.  | (9a)         | Written medication policies/procedures   |  | <input checked="" type="checkbox"/> 180.  | - Yes   | Consent Order/Negotiated Corrective Action Plan conditions (N/A)   |        |
| <input checked="" type="checkbox"/> 158.  | (9a)         | Permit enrollment of children with asthma, allergies, diabetes                               |  | <b>DISCUSSIONS/COMMENTS</b><br>1) New Regulations<br>2) Policy Review checklist observed Program must update policies to include new regulations dated Oct. 2024<br>3) Toddler D classroom toilet seat appears to be too small<br><br>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit. |   |  |        |
| <input checked="" type="checkbox"/> 159.  |              | <b>NONPRESC. TOPICAL MEDICATION</b>  |  |   |   |  |        |
| <input checked="" type="checkbox"/> 160.  | (a)(2)       | Admin/Parent permission/report errors  |  |   |   |  |        |
|   | (a)(3)(A-B)  | Labeling and Storage   |  |   |   |  |        |
|   | (a)(3)(C)    | Unused/expired meds destroyed/returned   |  |   |   |  |        |
|   |              | <b>MEDICATION TRAINING</b>   |  |   |   |  |        |
|   | (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)                    |  |   |   |  |        |
| <b>Signature of OEC staff</b>   | Fil Montanye |  |  | <b>Signature of person in charge</b>  | Roxann Dimacio  |  |        |
| <b>Printed Name</b>   | Fil Montanye |  |  | <b>Printed Name</b>   | Roxann Dimacio  |  |        |
| <b>OEC DIVISION OF LICENSING</b>  |              |  |  | Inspection shall be posted or available for review upon request.  |   |  |        |
| 450 Columbus Blvd, Suite 302, Hartford, CT 06103  |              |  |  | Written Corrective Action Plan  |   | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a> |        |
| Help Desk: (800)282-6063 or (860)500-4450   |              |  |  | Due by: 4/16/25   |   |  |        |
| Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> |              |  |  |   |   |  |        |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center License # 15794 Date: 4/2/25

Observations/Corrections needed: Program not in compliance with:

#66 when toilets in preschool and Toddler B were observed not clean (interior rings photo taken)

• closet door by garbage not clean in multiage B room (food drips - dried)

• toilet seat peeling in preschool classroom not in good repair

#88 when wall in the bathroom in multi-age<sup>B</sup> bathroom not clean (brown streaks observed by toilet paper dispenser) and wall by changing table in toddler B has crack and porous

• bathroom floors in preschool and toddler E not clean (wipe, paper, food<sup>indust fan</sup> observed)

• Rug not clean in toddler D.

(n)(3) #114 Playground hazards when poured rubber surfacing was observed with deep cracks and holes that pose a tripping hazard on over 3 playgrounds.

#128 (e)(2) diaper area when changing table in toddler C was observed to have clipboard and supplies (classroom) making area not exclusive use

(e)(3) diaper area in toddler B was observed to have cracks along one side making area porous.

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]  
(OEC Representative)

Print Name: FILMONTENYE

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 4/1/25

Print Name: ROXANN DIMAIO