

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



**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:	Kiddie Kollege Nursery School 1	Date of Inspection:	4/10/25	Time of Arrival:	10:50 am
Address:	246 Boston St.	License Number:	12122	Expiration Date:	4/30/26
Town:	Guilford, CT 06437	Telephone Number:	203-453-9846	Summer Care:	Closed
Operator:	Beth EL Assembly of God Church	# of Staff Present:	4	# over 3 Present:	12
Email:	director@kiddiekollegeguilford.org	Total Capacity:	29	Total Under 3 capacity:	8
Designated Director:	Renee Greene	Hours/Days of Operation:	9:00am - 1:00pm M-Th		

Instruction Codes: ✓ = Regulation in Compliance    O = 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**

1. (c)(8) Local Health Inspection-Date: 4/30/24

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

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10((g)(8) Safe Sleep policy posted NA

**STAFFING and CONSULTANTS 19a-79-4a**

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
  - (e)(1) Designated director-training
  - (f)(1) CPR certified program staff
  - (f)(2) First aid certified program staff
- 30. (e)(1) **PROFESSIONAL DEVELOPMENT**
- 31. (f)(1) Documentation of prof. dev/trainings
- 32. (f)(2) Health & Safety training
- 33. (a)(2) 1% annual hours
- 34. (h)(1) **SWIMMING ACTIVITIES - Y/N**
- 35. (h)(2) **SWIMMING-RATIOS**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- (i)(1)(A)-(D) **CONSULTANTS**
  - (i) - Consultants-Education, Health, Social Service, Dietitian NA (Dietitian N/A)
  - (i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	NA	NA	NA

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

<b>PROGRAM NAME</b>	Kiddie Kollege Nursery School	<b>LICENSE NUMBER</b>	12122	<b>DATE OF INSPECTION</b>	4/10/25
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RECORD KEEPING 19a-79-5a		
✓	36.	(a)(1)(A-C) Children's Enrollment information
✓	37.	<u>PARENT PERMISSIONS</u>
✓		(a)(1)(D)(i) Emergency medical permission
✓		(a)(1)(D)(ii) Authorized release permission
✓		(a)(1)(D)(iii) Field trip permission
✓		(a)(1)(D)(iv) Transportation permission
✓	38.	(a)(2)(A-B) Child Health Records
✓	39.	(a)(2)(C) Immunization records
✓	40.	(a)(2)(E) Individual care plan-signed by parents/staff
✓	41.	(a)(3)(A) Injury, Illness, Incident, Accident reports
✓	42.	(a)(3)(B) Parent notification of illness or injury
✓	43.	(a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
✓	44.	(a)(3)(D) Notify DPH, local health-reportable diseases
✓	45.	(a)(4) 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(N/A)
✓	52.	(a)(7) Separate hand washing facilities
✓	53.	(a)(8) Multi-use eating/drinking utensils
✓	54.	(a)(9) Kitchen separated (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) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
✓		(c) <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
✓		(d) <u>FIRST AID SUPPLIES</u> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a		
✓	62.	(a)(2) Fire marshal codes/certificate 1013/24
✓	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
✓	67.	(c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
✓	68.	(c)(4) Testing of premises/grounds for chemicals
✓	69.	(c)(5)(A) <u>WATER SUPPLY</u> - Public/Well, (Schools-N/A) Lead Water Test - Date: 3/4/24
✓		(c)(5)(B) Bact./Chem Test-Date: (N/A)
✓		(c)(5)(C) Drinking water available/accessible
✓	70.	(c)(6)(A) <u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results: no lead identified
✓		(c)(6)(B-D) Lead Management Plan NA
✓		Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.		
✓	71.	(d)(1) Emergency vehicle access
✓	72.	(d)(2) Walkways maintained
✓	73.	(d)(3) Windows protected to prevent falls
✓	74.	(d)(3) Window screens
✓	75.	(d)(4) Glass/mirrors protected- 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 and bedding
✓	79.	(d)(8) <u>SMOKING</u>
✓		(d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
✓		(d)(8) Matches/lighters inaccessible
✓	81.	(d)(9) Electrical safety - outlets inaccessible - covered or protected
✓	82.	(d)(10)(A) <u>TOILETING</u>
✓		(d)(10)(B) Shared toilets/sinks-supervision plan
✓		(d)(10)(C) Toileting needs met
✓		(d)(10)(C) Potty chairs-nonporous, emptied, disinfected
✓		(d)(10)(E) Required toilets/sinks-1:16
✓		(d)(10)(E) Toileting Supplies-Hand drying-Garbage
✓		(d)(10)(E) Handwashing staff/children
✓		(d)(10)(F) Toilets/sinks located at the facility
✓		(d)(10)(G) Well lighted/ventilated toilet rooms
✓		(d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
✓	83.	(d)(11) Staff personal articles inaccessible
✓	84.	(e)(1) <u>AIR TEMPERATURE</u>
✓		(e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
✓		(e)(2) Air temp > 80 °F - ↑ fluids/ventilation
✓		(e)(3) Water temperature 60°F-120°F
✓		(e)(4) Portable space heaters prohibited
✓		(e)(5) <u>WALLS/CEILINGS/FLOORS/RUGS</u>
✓		(e)(5) Walls/ceilings/floors/rugs-clean/good repair
✓		(e)(5) Rugs- not a tripping/slipping hazard
✓		(e)(6) Hot water/Steam pipes protected
✓		(e)(7) <u>TELEPHONE/TELEPHONE NUMBERS</u>
✓		(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) <u>LIGHTING</u>
✓		(e)(8) All areas min. 1 foot candle of lighting
✓		(e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
✓		(e)(9) Enough 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) Measures to prevent vermin
✓		(e)(17) Radon test- Results: 0.0 (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, free from rust
✓	105.	(g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
✓	106.	(g)(3) Air conditioners/water heaters/fuse boxes inaccessible
✓	107.	(g)(4) Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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.		<u>OUTDOOR SPACE</u>
<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 playg. 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.		<u>OUTDOOR PROTECTED/FENCED</u>
<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u> (N/A)
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<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

**UNDER THREE ENDORSEMENT 19a-79-10** (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.		<u>DIAPERING</u>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/>	128.	(e)(2)	<u>DIAPERING cont.</u> 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
<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)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> 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 <u>TOYS AND OTHER OBJECTS</u> 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 <u>FEEDING</u> 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)
<input checked="" type="checkbox"/>		(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.		
<input checked="" type="checkbox"/>		(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)	

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

<input checked="" type="checkbox"/>	140.	(b)	<u>Approved Schl Age Endorsement</u> <u>SCHEDULE - ACTIVITIES</u> 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
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
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<input type="checkbox"/>	145.	(f)	NA	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)		Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)		Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)		<b>STAFF TRAINING</b> Staff training – first aid
		(b)(1)(B)		Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)		
		(b)(2)		Training updated at least every 3 years
		(b)(3)		Written documentation of training
		(c)(2)		Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)		Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)		Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)		Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)		Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)		Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)		Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)		Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

<input type="checkbox"/>	147.	(b)	NA	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)		Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)		Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	NA	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)		Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)		Staff awake and available
<input type="checkbox"/>	153.			<b>SLEEP PROVISIONS</b>
		(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
<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

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

<input checked="" type="checkbox"/>	157.	(9a)		Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)		Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.			<b>NONPRESC. TOPICAL MEDICATION</b>
		(a)(2)		Admin/Parent permission/report errors
		(a)(3)(A-B)		Labeling and Storage
		(a)(3)(C)		Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.			<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)

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	180.	- NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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**DISCUSSIONS/COMMENTS**

1) New Regulations

2) Policy Review checklist on our website. Program must update policies to reflect changes in Regulations dated October 2024

3) Administrative oversight policy to be posted

4) 1 out of 5 staff without documentation of health + safety training

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

<b>Signature of OEC staff</b>	Fil Montanye	<b>Signature of person in charge</b>	Renee Greene
<b>Printed Name</b>	Fil Montanye	<b>Printed Name</b>	Renee Greene

**OEC DIVISION OF LICENSING**  
 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/24/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Kollege Nursery School License # 12122 Date: 4/10/25

Observations/Corrections needed:

Program is not in compliance with:

- #35 (i)(1)(2)(A-H) consultant agreements ~~in ca~~ <sup>en</sup> when education and social service agreements did not have required duties listed per new regulations dated October 2024
- (F) Consultant logs ~~for~~ <sup>en</sup> when education and social service consultant did not complete review of policies and education program plan.
- #66 hazards when dangling cords observed on main room mounted TV and pencil sharpener in classroom 1
- #111 <sup>(h)(2)</sup> shock absorbing surface when a little tykes slide was observed without 8" of impact absorbing material within fall zones.
- (h)(3) playground hazards when red truck on large playground observed to have peeling paint and rust on rims and rust on brackets on swings (tops)
- #112 (h)(7)(A) fence when ~~back~~ <sup>en</sup> corner fence by main road measures less than 4ft (38-41 inches)
- #128 (e)(2) diaper area in 2<sup>nd</sup> room when upon arrival was not exclusive use, construction paper and cuttings for project was observed on it.

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: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 4/24/25

Print Name: Renee Greene