

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

Klub Kid		4/16/25	850AM
286 Naubuck Ave		16120	2/28/29
Glastonbury, CT 06033		8006357772	open
Klub Kid INC	# of Staff Present: 6	# over 3 Present: 14	# under 3 Present: 12
karena.klubkidinc.com	Total Capacity: 40	Total Under 3 capacity: 4/13	Ages Served: 6w-12y5
Karen Gaiski		M-F 7am-6PM	

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 4/30/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. <u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 28.	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 29.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (e)(1)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) <u>ACCESS</u>	<input checked="" type="checkbox"/> 30.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 31.	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 32.	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 33.	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 34.	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. <u>POSTINGS</u>	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i) -	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	
<input checked="" type="checkbox"/> 3a(e)(17) Radon Test posted (Schls-N/A)		
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	0	✓	✓

CHILD CARE LICENSING GROUP CHILD CARE HOME INSPECTION

Klub Kid

16120

4/10/2

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

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

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5/8/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>2/11/24</u> (N/A) Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results _____ Lead Management Plan <u>Quarterly</u> Peeling Paint - <input checked="" type="checkbox"/> N Inside/Outside

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nico device prohibited on premises/ground
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
		WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
		TELEPHONE/TELEPHONE NUMBER:
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phone
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
		LIGHTING
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.		Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> (e)(12)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (e)(13)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (e)(14-15)	Measures to prevent vermin
	<input checked="" type="checkbox"/> 100.	Radon test- Results: <u>15</u> (Schls)
	<input checked="" type="checkbox"/> 101.	Carbon monoxide detector-each level
	<input checked="" type="checkbox"/> 102.	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> 103.	Equipment-clean and safe, good repair
	<input checked="" type="checkbox"/> 104.	non-toxic-sturdy, free from protruding nails, free from rust
	<input checked="" type="checkbox"/> 105.	Adequate equipment for rest-cleaned- (Grp Homes only-mats/sleeping bags)
	<input checked="" type="checkbox"/> 106.	Air conditioners/water heaters/fuse box inaccessible
	<input checked="" type="checkbox"/> 107.	Developmentally app equipment, mat

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Klub Kid	LICENSE NUMBER 16120	INSPECTION DATE 4/16/25
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PHYSICAL PLANT 19-77-78 **UNDER THREE ENDORSEMENT 19a-79-10**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. (j) **OUTDOOR SPACE**
Adequate space- 75 sq. ft. per child
Shock absorbing surfaces-minimum 8"
Playground free from hazards
Nuts, bolts, screws-tight, covered/protected
Outside equipment anchored-anchors buried
New equip- cert playg. Inspection upon request
Drinking water available/accessible
Equipment arranged for safety-
- 112. (h)(7) **OUTDOOR PROTECTED/FENCED**
Playground protected from traffic, water, gullies or other hazards
Fences installed to protect from hazards-4 ft
Fences installed to protect from water-4 ft, self closing and self latching devices or locks
Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. (i) **WATER HAZARDS**
Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
Wading pools prohibited
Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128. (e)(2) **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
- 129. (f)(1) **LINENS/CLOTHING**
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when shared
- 130. (g)(1) **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
- 131. (h)(1) **TOYS AND OTHER OBJECTS**
Infant toys-separate/washed/sanitized daily
Toddler toys-washed/sanitized weekly
No toys/objects less than 1 1/4" diameter
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
Health consultant visits/documentation
- 135. (i)(1)(2A-C) **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)
- 136. (j) **FEEDING**
Outdoor equipment-developmentally appropriate for ages of the children
Shock ab materials less than 1 1/4" -or measures in place to ensure their health & safety
- 137. (k)(1)
- 138. (l)(1)
- 139. (l)(2)

EDUCATIONAL REQUIREMENTS 19-78-84

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) **EDUCATIONAL REQUIREMENTS**
(1)-(1) 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
(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 ON

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

SCHOOL AGE ENDORSEMENT 19-79-11 ON

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

NAME: Klub Kid **DATE:** 16/20 **TIME:** 4/16/2

SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13**

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

- 171. (a)(1) Written policies and procedures
- 172. (b)(1)(A) **STAFF TRAINING**
- (b)(1)(B) Staff training - first aid
- (i)-(iii) Staff training - use/storage/maintenance monitoring equipment, reading test res appropriate actions
- (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
- (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

NIGHT CARE ENDORSEMENT 19a-79-12

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
- (b)(6) Individual cot/crib with bedding
- (b)(6)(A) Sleeping apparel/toiletries labeled
- (b)(6)(B) Required bedding
- (b)(6)(C) Required toiletries
- (b)(6)(D) Bedding/sleeping apparel laundered weekly
- (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

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

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
- (a)(2) Admin/Parent permission/report errors
- (a)(3)(A-B) Labeling and Storage
- (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
- (b)(1)(A/C) Medication training-general-oral/top/inhalant
- (b)(1)(D) Injectable premeasured autoinjector medication
- (b)(1)(E) Rectal medication
- (b)(1)(F) Injectable other than premeasured auto-injector
- (b)(2)(A-B) Training approval documents/certificates
- (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage **(N/A)**

180. - Consent Order/Negotiated Corrective Action Plan conditions

DISCUSSIONS/COMMENTS

- Bowling fences in playground not hazard at this time

- Update policies/procedures and educational requirements per new regulations. Show samples on website.

- 1 staff not enough professional development (director) documentation

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

Signature: Sha Miller Kreilerman **Inspector:** Karen Gorski

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

Written Corrective Action Plan Due by: 4/30/25
 CAP: <https://www.ctoec.org/form-documents/corrective-action-plan-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Klub Kid License # 16120 Date: 4/16

Observations/Corrections needed:

Regulations not in compliance when observed:
#35- consultant agreements not current with new regulations for education, health and social services
#16- vents dusty in staff bathroom and childrens bathroom.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 4/30/25

Signature: [Signature]
(OEC Representative)
Print Name: Kellerman
Signature: [Signature]
(Person in Charge)
Print Name: Karen Jorski