

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



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

Kindercare Learning Centers	411-7125	8:15
1 Trap Falls Rd.	16021	3/31/24
Shelton, CT 06484	203-944-0104	Open
Kindercare Learning Centers Inc	# of Staff Present: 10	# over 3 Present: 13
301792@kicorp.com	Total Capacity: 164	# under 3 Present: 19
Rachel Roben		Ages Served: 6wks-12y
		M-F 6:30am-6:30pm

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Kindergarten Learning Centers

LICENSE NUMBER 160023

DATE OF INSPECTION 4/17/25

PHYSICAL PLANT 19a-79-7A cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<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.		OUTDOOR SPACE
<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 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.		OUTDOOR PROTECTED/FENCED
<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.		WATER HAZARDS
<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-79-6a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
<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.		DIAPERING
<input checked="" type="checkbox"/> (e)(1)		Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/> 128.		<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> (e)(3)		<input checked="" type="checkbox"/> (e)(3)
<input checked="" type="checkbox"/> (e)(4)		<input checked="" type="checkbox"/> (e)(4)
<input checked="" type="checkbox"/> (e)(5)		<input checked="" type="checkbox"/> (e)(5)
<input checked="" type="checkbox"/> (e)(6-9)		<input checked="" type="checkbox"/> (e)(6-9)
<input checked="" type="checkbox"/> (e)(7)		<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> (e)(8)		<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> (e)(10)(A-C)		<input checked="" type="checkbox"/> (e)(10)(A-C)
<input checked="" type="checkbox"/> 129.		<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> (f)(2)		<input checked="" type="checkbox"/> (f)(2)
<input checked="" type="checkbox"/> (f)(3)		<input checked="" type="checkbox"/> (f)(3)
<input checked="" type="checkbox"/> (f)(4)		<input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> 130.		<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (g)(1)		<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)(2)
<input checked="" type="checkbox"/> (g)(3)		<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> (g)(4)		<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> (g)(5)		<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> (g)(6)		<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> (g)(7)		<input checked="" type="checkbox"/> (g)(7)
<input checked="" type="checkbox"/> (g)(8)		<input checked="" type="checkbox"/> (g)(8)
<input checked="" type="checkbox"/> 131.		<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> (h)(1)		<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> (h)(2)		<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> (h)(2)		<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> 135.		<input checked="" type="checkbox"/> (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)(1)
<input checked="" type="checkbox"/> (k)(2)		<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> (k)(3)		<input checked="" type="checkbox"/> (k)(3)
<input checked="" type="checkbox"/> (k)(4)		<input checked="" type="checkbox"/> (k)(4)
<input checked="" type="checkbox"/> (k)(5)		<input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> 137.		<input checked="" type="checkbox"/> (l)(1)
<input checked="" type="checkbox"/> 138.		<input checked="" type="checkbox"/> (l)(2)
<input checked="" type="checkbox"/> 139.		<input checked="" type="checkbox"/> (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 1/4" diameter
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
Health consultant visits/documentation
FEEDING
Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
Written feeding schedule from parent-updated
Unused formula/milk discarded after feedings
Clean bottles/disposable bottles/appvd washing
Baby food served from dish or whole jar
Bottles labeled with child's name
Outdoor spaced fenced-4 ft (lic. after 1/1/25)
Outdoor equipment-developmentally appropriate for ages of the children
Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 O/N

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.		SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> (c)		Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/> (c)(1)		Activities not a duplication of child's day
<input checked="" type="checkbox"/> (c)(2)		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

PROGRAM NAME	Kindercare Learning Centers	LICENSE NUMBER	16021	DATE OF INSPECTION	4/17/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13	Y/N
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<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.	(b)(1)(A)	STAFF TRAINING
						(b)(1)(B)	Staff training – first aid
						(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

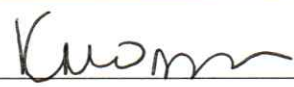

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)	Y/N	MONITORING OF DIABETES 19a-79-13	Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	Training updated at least every 3 years
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	174.	(d)(1)	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.	(d)(2)	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)(3)	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.	(e)(1)	Equipment provided by parents
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	178.	(e)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>	179.	(e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding				Authorized prescriber written order
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled				Written authorization from parent
<input type="checkbox"/>		(b)(6)(B)	Required bedding				Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>		(b)(6)(C)	Required toiletries				
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/>		(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	ADDITIONAL VIOLATION	Y/N
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	<p>DISCUSSIONS/COMMENTS</p> <p>- policies to be updated/created to reflect changes in regulations adopted 10/2024</p> <p>- Social service consultant agreement missing newly required duties.</p> <p>- 1 Staff 14/20 hours of PO in 2024</p> <p>- 1 Staff missing annual policy training.</p> <p>- Education consultant review of policy not current</p> <p>- 1 Staff missing health & safety training.</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		(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)				

Signature of OEC staff		Signature of person in charge	
Printed Name	Kristi Morgan	Printed Name	Rachel Roben

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	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 5/1/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center License # 16021 Date: 4/17/25

Observations/Corrections needed:

- 1 - local health inspection not current.
- 18 - Complaint procedure posted is outdated; Administrative oversight policy not posted; Safe sleep policy not posted.
- 46 - Observed unclean toilets in SA room; observed unclean sinks in SA, gym, + toddler 1; observed trash on floor in gym; shelf in disrepair (fridge) in infant 2
- 69 - Date of lead water test unclear.
- 82 - Observed 1 toilet not functioning in school age - needed for capacity.
- 88 - Stained ceiling tiles + light fixture in 3's; Car mat posing tripping hazard in 3's.
- 111 - observed trash, broken toys + standing water on far back/right playground; overturned sand/water tables on 2 playgrounds.

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: Kristi Mager

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/1/25

Signature: [Signature]
(Person in Charge)

Print Name: Rachel Reben