



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:	Kidds and Company	Date of Inspection:	4/10/2025	Time of Arrival:	1050AM
Address:	172 Providence New London Turnpike	License Number:	16512	Expiration Date:	3/31/2026
Town:	North Stonington, CT. 06359	Telephone Number:	860-535-9992	Summer Care:	Open
Operator:	Kidds and Company LLC	# of Staff Present:	22	# over 3 Present:	22
Email:	christine@kiddsandco.com	Total Capacity:	80	Total Under 3 capacity:	40
Designated Director:	Christine Hlave	Hours/Days of Operation:	Monday-Friday 7AM-6PM		

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

☐ 1. (c)(8) Local Health Inspection-Date: _____

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. (c)(1-4) 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
 - ☐ (d)(1) Daily attendance-children/staff- keep 1 yr.
- ☐ 12. (d)(1) ACCESS
 - ☐ (f) Immediate access by parents
 - ☐ (h) Immediate access by OEC-facility/records
 - ☐ (l) 2.8 yr olds in prek-authorization
- ☐ 14. (m) Motor vehicle laws-transportation
- ☐ 15. (n) Capacity
- ☐ 16. (n) Respond to OEC-no false, misleading statements or documents
- ☐ 17. (o) 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

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. 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
- ☐ 30. (e)(1) Designated director-training
- ☐ 31. (f)(1) CPR certified program staff
- ☐ 32. (f)(2) First aid certified program staff
- ☐ 33. PROFESSIONAL DEVELOPMENT
 - ☐ (a)(2) Documentation of prof. dev/trainings
 - ☐ (h)(1) Health & Safety training
 - ☐ (h)(2) 1% annual hours
- ☐ 34. SWIMMING ACTIVITIES - Y/N
 - ☐ (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
- ☒ 35. CONSULTANTS
 - ☐ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - ☒ (i) - Consultant agreements-signed annually-agreements complete w/required services
 - ☒ (F) Consultant logs-documented activities, observations and required services
 - ☒ (i)(2) Consultant visits- Education/Health
 - ☐ (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	☒	☒	☒
Health	☒	☒	☒
Soc. Serv.	☒	☒	☒
Dietitian			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <u>Kids and Company</u>		LICENSE NUMBER <u>16512</u>	DATE OF INSPECTION <u>4/10/2025</u>
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.	
☐ 36. (a)(1)(A-C) Children's Enrollment information ☐ 37. PARENT PERMISSIONS ☐ (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	☐ 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. SMOKING ☐ (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds ☐ (d)(8) Matches/lighters inaccessible ☐ (d)(9) Electrical safety - outlets inaccessible - covered or protected ☒ 82. TOILETING ☐ (d)(10)(A) Shared toilets/sinks-supervision plan ☐ (d)(10)(B) Toileting needs met ☐ (d)(10)(C) Potty chairs-nonporous, emptied, disinfected ☐ (d)(10)(C) 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) ☐ (d)(11) Staff personal articles inaccessible ☐ AIR TEMPERATURE ☐ (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall ☐ (e)(2) Air temp > 80 °F - ↑ fluids/ventilation ☒ 86. (e)(3) Water temperature 60°F-120°F ☐ 87. (e)(4) Portable space heaters prohibited ☐ 88. WALLS/CEILINGS/FLOORS/RUGS ☐ (e)(5) Walls/ceilings/floors/rugs-clean/good repair ☐ (e)(5) Rugs- not a tripping/slipping hazard ☐ (e)(6) Hot water/Steam pipes protected ☐ TELEPHONE/TELEPHONE NUMBERS ☐ (e)(7) Working phone on each level ☐ (e)(7) Emergency numbers posted-adjacent to phones ☐ (e)(7) Parents provided direct on site phone number ☐ LIGHTING ☐ (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 ☐ 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair ☐ 97. (e)(12) Stairs-protected/good repair-handrails ☐ 98. (e)(13) Toxic plants/materials inaccessible ☐ 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children ☐ 100. (e)(16) Measures to prevent vermin ☐ 101. (e)(17) Radon test- Results: _____ (Schls-N/A) ☐ 102. (e)(18) Carbon monoxide detector-each level N/A ☐ 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child ☐ 104. (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		
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) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips ☒ (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 ☐ (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	☐ 90. (e)(6) ☐ 91. (e)(6) ☐ 94. (e)(8) ☐ (e)(9)		
PHYSICAL PLANT 19a-79-7a			
☐ 62. (a)(2) Fire marshal codes/certificate _____ ☐ 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. WATER SUPPLY - Public/Well (Schools-N/A) ☐ (c)(5)(A) Lead Water Test - Date: _____ ☐ (c)(5)(B) Bact./Chem Test-Date: _____ (N/A) ☐ (c)(5)(C) Drinking water available/accessibile ☐ 70. LEAD PAINT - ☐ (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results _____ ☐ (c)(6)(B-D) Lead Management Plan _____ ☐ Peeling Paint - Y/N Inside/Outside	☐ 95. (e)(10) ☐ 96. (e)(11) ☐ 97. (e)(12) ☐ 98. (e)(13) ☐ 99. (e)(14-15) ☐ 100. (e)(16) ☐ 101. (e)(17) ☐ 102. (e)(18) ☐ 103. (f)(1)(A) ☐ 104. (g)(1) ☐ 105. (g)(2) ☐ 106. (g)(3) ☐ 107. (g)(4)		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	<i>Kidds and Company</i>	LICENSE NUMBER	<i>16512</i>	DATE OF INSPECTION	<i>4/10/2025</i>
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PHYSICAL PLANT 19a-79-7a cont.

☐ 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.	(i)	No weapons/no facsimile of a firearm
☒ 111.		OUTDOOR SPACE
	☐ (h)(1)	Adequate space- 75 sq. ft. per child
	☒ (h)(2)	Shock absorbing surfaces-minimum 8"
	☒ (h)(3)	Playground free from hazards
	☐ (h)(4)	Nuts, bolts, screws-tight, covered/protected
	☐ (h)(5)	Outside equipment anchored-anchors buried
	☐ (h)(6)	New equip- cert playg. Inspection upon request
	☐ (h)(8)	Drinking water available/accessible
	☐ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
☐ 112.		OUTDOOR PROTECTED/FENCED
	☐ (h)(7)	Playground protected from traffic, water, gullies or other hazards
	☐ (h)(7)(A)	Fences installed to protect from hazards-4 ft
	☐ (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	☐ (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
☐ 114.		WATER HAZARDS
	☐ (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	☐ (i)	Wading pools prohibited
	☐ (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

☐ 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.		DIAPERING
	☐ (e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

☒ 128.	☒ (e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area
	☐ (e)(3)	Diaper area: non-porous surface/good repair
	☐ (e)(4)	Diaper area: washed/disinfected after use
	☐ (e)(5)	Diaper area: disposable paper sheets
	☐ (e)(6-9)	Covered waste receptacle-removed daily
	☐ (e)(7)	Handwashing-staff/children
	☐ (e)(8)	Diapering-Handwashing policies-posted/followed
	☐ (e)(10)(A-C)	Cloth diapers-written plan developed
☐ 129.		LINENS/CLOTHING
	☐ (f)(1)	Linens/emergency clothing available
	☐ (f)(2)	Linens washed weekly or as needed
	☐ (f)(3)	Linens/clothing stored individually
	☐ (f)(4)	Cribs/cots cleaned-linens changed when shared
☐ 130.		SAFE SLEEP
	☐ (g)(1)	Under 12 mths placed on back for sleeping
	☐ (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	☐ (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	☐ (g)(2)	Infants allowed to adopt other sleep positions
	☐ (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	☐ (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	☐ (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	☐ (g)(6)	Observe/assess infants at least every 15 minutes
	☐ (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	☐ (g)(8)	Safe sleep policies - parents informed
☐ 131.		TOYS AND OTHER OBJECTS
	☐ (h)(1)	Infant toys-separate/washed/sanitized daily
	☐ (h)(1)	Toddler toys-washed/sanitized weekly
	☐ (h)(2)	No toys/objects less than 1 1/4" diameter
	☐ (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
☐ 135.	(i)(1)(2A-C)	Health consultant visits/documentation
☐ 136.		FEEDING
	☐ (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	☐ (k)(1)	Written feeding schedule from parent-updated
	☐ (k)(2)	Unused formula/milk discarded after feedings
	☐ (k)(3)	Clean bottles/disposable bottles/appvd washing
	☐ (k)(4)	Baby food served from dish or whole jar
	☐ (k)(5)	Bottles labeled with child's name
☐ 137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
☐ 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
☒ 139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Kidds and Company LICENSE NUMBER 16512 DATE OF INSPECTION 4/10/2025

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N MONITORING OF DIABETES 19a-79-13 Y/N

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

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

☐ 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 Y/N ADDITIONAL VIOLATION

☐ 157. (9a) Written medication policies/procedures
☐ 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
☒ 159. (a)(2) NONPRESC. TOPICAL MEDICATION
☒ (a)(3)(A-B) Admin/Parent permission/report errors
☐ (a)(3)(C) 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 (N/A)

DISCUSSIONS/COMMENTS

Not cited
 observed a bulbs out in hallway and 1 bulb out in preschool 1 bathroom
 Headteacher is also the director and not in ratio therefore doesn't document hours present. Head teacher / Director must document hours present for verification of hours present since she is currently the only head teacher.

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

Signature of OEC staff Bridget L. McKill Signature of person in charge C. Hare
 Printed Name BRIDGET L. MCKILL Printed Name Christine Hare

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 4/24/2025
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidds and Company License # 16512 Date: 4/10/2025Observations/Corrections needed:

- #11(d)(5): Program staff failed to follow their policy on supervision when, upon licensing specialists walk through, door alarm to Prep 1 and Prep 2 were not engaged/chiming when doors to each room were opened/closed
- #15(a)(2): observed 5 diaper creams missing start and/or end dates in Infant 1 and 3 diaper creams without written parent permission and 1 diaper cream from without an end date in Toddlers
- #10(c)(1-4): observed 9 children in a group in Prep 1 with 2 staff (all children are over age 2 years) without prior approval from OEC to increase ^{group size} capacity of more than 8 children

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: _____

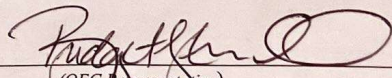
Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/24/2025

Signature: _____

Print Name: _____


 (OEC Representative)

Bridgette Henrich

C. Deure

(Person in Charge)

Christine Hare