

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

Kids Lane Daycare + LLC		5/1/25	8:35am
38 New Britain Ave		16149	7/3/25
Rocky Hill, CT 06067		860 563 6605	open
Jennifer Dagle		# of Staff Present: 12	# over 3 Present: 17
Kidslanect@gmail.com		Total Capacity: 83	# under 3 Present: 34
Jennifer Dagle		Total Under 3 capacity: 39	
		Ages Served: Low-12yrs	
		M-F 6am-6pm	

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

1.	(c)(8)	Local Health Inspection-Date: 9/9/22	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
			<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
			<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
			<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
			<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
			<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
			<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
			<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
			<input checked="" type="checkbox"/> 27.		RATIOS
				<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
				<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
				<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
			<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
			<input checked="" type="checkbox"/> 29.		GROUP SIZE
				<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
				<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
				<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
			<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
			<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
			<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
			<input type="checkbox"/> 33.		PROFESSIONAL DEVELOPMENT
				<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
				<input type="checkbox"/> (h)(1)	Health & Safety training
				<input checked="" type="checkbox"/> (h)(2)	1% annual hours
			<input checked="" type="checkbox"/> 34.		SWIMMING ACTIVITIES - Y/N
				<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
				<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
				<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
				<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
			<input checked="" type="checkbox"/> 35.		CONSULTANTS
				<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
				<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
				<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
				<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
				(H)(i)-(I)(i)	
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-COMLETE/IMPLEMENTED			
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy			
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy			
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy			
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy			
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill			
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy			
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies			
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy			
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies			
12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.			
13.		ACCESS			
	<input checked="" type="checkbox"/> (f)	Immediate access by parents			
	<input checked="" type="checkbox"/> (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			
	<input checked="" type="checkbox"/> 3a(e)(1)	License posted			
	<input type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted			
	<input type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy			
	<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted			
	<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances			
	<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available			
	<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted			
	<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)			
	<input type="checkbox"/> 10(g)(8)	Safe Sleep policy posted			

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Kids Lane Daycare

16149

4/7/25

RECORDS MANAGEMENT PHYSICAL PLANS

<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
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

<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.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected

<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) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11)	Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80°F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBER Working phone on each level
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phone Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 6/11/24
<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: 6/20/24 (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: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(13)	Pets or other animals-in good health, & care plan including access to child
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(16)	Radon test- Results: 1.7 (S)
<input checked="" type="checkbox"/> 101.	(e)(17)	Carbon monoxide detector-each level
<input checked="" type="checkbox"/> 102.	(e)(18)	Program space-adequate-35 sq. ft. p
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Equipment-clean and safe, good repair
<input checked="" type="checkbox"/> 104.	(g)(1)	non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-clean (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners/water heaters/furnaces inaccessible
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally appropriate equipment,

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Kids Lane Daycare	INSPECTION NUMBER 16649	DATE OF INSPECTION 5/7/25
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PHYSICAL PLANT 19a-79-8a **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input checked="" type="checkbox"/> (e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good red
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/fo
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED		<input checked="" type="checkbox"/> (g)(1)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when so
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input checked="" type="checkbox"/> (g)(2)	Under 12 mths placed on back for sleepi
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	Crib-snug fitting mattress/tightly fitted
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS		<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-med
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61		<input checked="" type="checkbox"/> (g)(5)	documentation for medical reason on
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(6)	Infants allowed to adopt other sleep posi
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(7)	No items in/on cribs-blankets, toys, bun

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"/> 131.	<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized
	<input checked="" type="checkbox"/> (i)-(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"/> 135.	<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
	<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	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
				<input checked="" type="checkbox"/> (i)	Plastic bags/balloons/styrofoam inacc unless under direct supervision
				<input checked="" type="checkbox"/> (k)(1)	Health consultant visits/documentation
				<input checked="" type="checkbox"/> (k)(2)	FEEDING
				<input checked="" type="checkbox"/> (k)(3)	Infants held for bottles - chairs for fe
				<input checked="" type="checkbox"/> (k)(4)	individual attn, tummy time, crawl
				<input checked="" type="checkbox"/> (k)(5)	Written feeding schedule from parent
			<input checked="" type="checkbox"/> 137.	(l)(1)	Unused formula/milk discarded after
			<input checked="" type="checkbox"/> 138.	(l)(2)	Clean bottles/disposable bottles/appv
			<input checked="" type="checkbox"/> 139.	(l)(3)	Baby food served from dish or whole

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	SCHOOL AGE ENDORSEMENT 19a-79-11
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input checked="" type="checkbox"/> (c)(1)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Written daily program plan-flexi available to staff/parents
<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"/> (c)(3)	Activities not a duplication of ch
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			Activities include cognitive, phy
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots			emotional needs of the childre
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			Program includes free time, sne
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			creative/physical/small group
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			activities, homework time, sp
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 128.	<input checked="" type="checkbox"/> (e)(1)	DIAPERING	<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
		Diaper area: elevated/sturdy/safety rail			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Kids Lane Daycare
SCHOOL AGE ENDORSEMENT 19a-79-11: YN
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Designated Head teacher approved- 60%

LICENSE NUMBER: 16149
DATE OF INSPECTION: 5/7/25
MONITORING OF DIABETES 19a-79-13: YN

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) YN

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 Staff awake and available
 152. (b)(5) **SLEEP PROVISIONS**
 153. (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

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 of monitoring equipment, reading test results, 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
 (d)(2) Equipment labeled and inaccessible
 (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
 174. (e)(1) Authorized prescriber written order
 175. (e)(2) Written authorization from parent
 176. (e)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a YN

57. (9a) Written medication policies/procedures
 58. (9a) Permit enrollment of children with asthma, allergies, diabetes
 59. (a)(2) **NONPRESC. TOPICAL MEDICATION**
 (a)(3)(A-B) Admin/Parent permission/report errors
 (a)(3)(C) Labeling and Storage
 Unused/expired meds destroyed/returned
 60. (b)(1)(A/C) **MEDICATION TRAINING**
 (b)(1)(D) Medication training-general-oral/top/inhalant
 (b)(1)(E) Injectable premeasured autoinjector medication
 (b)(1)(F) Rectal medication
 (b)(2)(A-B) Injectable other than premeasured auto-injector
 (b)(2)(C) Training approval documents/certificates
 Training outline on file
 61. (b)(3)(A-B) Authorized prescriber/parent permission
 62. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
 63. (b)(4)(A-B) Medication Administration Records (MAR)
 64. (b)(5)(A-B) Labeling and Storage
 65. (b)(5)(C) Emergency medication inaccessible
 66. (b)(5)(D) Unused/Expired meds-destroyed/returned
 67. (b)(5)(E) Auto-injector/inhalant equipment
 68. (b)(6) Self-administration documentation
 69. (b)(7)(A-B) Petition for special medication authorization
 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

- update policies per new regulations. checklist shown on OEC website
 - water temperature under 120°F
 - Bleach/water bottles labeled with exact solutions in bottles.
 - Staff personal articles inaccessible
 - Lock for make inaccessible cleanser on floor staff bathroom.

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

Inspector: *Heather Keller*
Printed Name: K. Kellerman

Signature of person in charge: *[Signature]*
Printed Name: Paul Baronic

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

Written Corrective Action Plan Due by: 5/21/25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Lane Daycare License # 16149 Date: 5/7/25

Observations/Corrections needed:

- Regulations Not in compliance when observed:
- #1 - Local Health Not current. exp 9/9/24 send copy to Agency.
- #5 - Annual policy training Not observed for all staff
- #18 - Old complaint procedure posted. Administrative Oversight Not posted. Safe Sleep policy Not posted
- #33 - 1 staff Not have health + safety training
- #40 - 1 care plan for Allergy Not available
- #66 - VENTS dusty in Tod 1, Pre-K 4, water stains observed in infants, Tod 2, Waddlers, Staff and Kids bathrooms vents dusty
- #118 - observed upon walk through to count children 5:1 in Tod 2. Ages 18M - 24M. Observed in waddler 9:2 Ages 15M - 24M. No parents observed staff indicated parents just dropped off. Drop off times indicated 8:47am. Walk through conducted same time or right before
- #130 - 2 loose sheets under 12M sleep
- #136 - 1 written feeding schedule for infant Not observed 3 bottles Not labeled for infants
- #160 - No epi-pen training observed for any staff. observed epi-pen on site with child.

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: [Name]

Signature: [Signature] (Person in Charge)

Print Name: [Name]

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/21/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Lane Daycare License # 16149 Date: 5/7/25

Observations/Corrections needed: 1 Authorization not available for Allergy (Benz and Epi)
#161-1 Authorization for Asthma exp 1/22/25
#166-2 Tylenols observed expired 1/25 and 3/25

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) Kregerman

Signature: [Signature]
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/21/25