



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:	Kids World Childcare		Date of Inspection:	5/12/2025	Time of Arrival:	9:30 AM
Address:	465 West Main St.		License Number:	15710	Expiration Date:	3/31/2026
Town:	Norwich, CT. 06360-5439		Telephone Number:	860-892-5437	Summer Care:	Open
Operator:	Kids World Childcare LLC		# of Staff Present:	11	# over 3 Present:	19
Email:	kidsworldchildcare@yahoo.com		Total Capacity:	61	Total Under 3 capacity:	32
Designated Director:	Sarah Holmes		Hours/Days of Operation:	Sun-Sat 6 AM - 10 PM		

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

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 3/14/2024

ADMINISTRATION 19a-79-3a

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

- 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 bkad 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
- 29.
 - (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
 - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (F) Consultant visits- Education/Health
 - (i)(2) (H)(i)-(1)(i)

	Contracts	Logs	Visits
Education	✓	✓	
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian	N/A	N/A	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Kids World Childcare	LICENSE NUMBER	15710	DATE OF INSPECTION	5/12/2025
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RECORD KEEPING 19a-79-5a **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.		SMOKING
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>			TOILETING
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>			Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/>	82.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>		(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance-keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/>		(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>			AIR TEMPERATURE
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80°F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(4)	Portable space heaters prohibited
<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"/>			WALLS/CEILINGS/FLOORS/RUGS
<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"/>		(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
				<input checked="" type="checkbox"/>			TELEPHONE/TELEPHONE NUMBERS
				<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
				<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>			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"/>			Potentially hazardous substances, materials labeled, inaccessible
				<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>		(e)(12)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/>		(e)(16)	Measures to prevent vermin
				<input checked="" type="checkbox"/>		(e)(17)	Radon test- Results: <u>2</u> (Schis-N/A)
				<input checked="" type="checkbox"/>		(e)(18)	Carbon monoxide detector-each level N/A
				<input checked="" type="checkbox"/>		(f)(1)(A)	Program space-adequate-35 sq. ft. per child
				<input checked="" type="checkbox"/>		(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from <u>rust</u>
				<input checked="" type="checkbox"/>		(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input checked="" type="checkbox"/>		(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>		(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>10/3/2024</u>	<input checked="" type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/>		(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(17)	Radon test- Results: <u>2</u> (Schis-N/A)
<input checked="" type="checkbox"/>	69.		WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>7/14/2023</u>	<input checked="" type="checkbox"/>		(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from <u>rust</u>
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	<input checked="" type="checkbox"/>		(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	70.		LEAD PAINT -	<input checked="" type="checkbox"/>		(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N <u>Y</u> Lead Test: Y/N <u>N</u>	<input checked="" type="checkbox"/>		(g)(4)	Developmentally app equipment, materials
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>N/A</u>				
			Lead Management Plan <u>N/A</u>				
<input checked="" type="checkbox"/>			Peeling Paint - Y/N <u>N</u> Inside/Outside				

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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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. Diaper area: used only for this purpose, located in the program area
<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: non-porous surface/good repair
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm			<input checked="" type="checkbox"/>	(e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE			<input checked="" type="checkbox"/>	(e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/>	(h)(1) Adequate space- 75 sq. ft. per child			<input checked="" type="checkbox"/>	(e)(6-9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/>	(h)(2) Shock absorbing surfaces-minimum 8"			<input checked="" type="checkbox"/>	(e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/>	(h)(3) Playground free from hazards			<input checked="" type="checkbox"/>	(e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/>	(h)(4) Nuts, bolts, screws-tight, covered/protected			<input checked="" type="checkbox"/>	(e)(10)(A-C)	Cloth diapers-written plan developed
		<input checked="" type="checkbox"/>	(h)(5) Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/>	129.		LINENS/CLOTHING
		<input checked="" type="checkbox"/>	(h)(6) New equip- cert playg. Inspection upon request				<input checked="" type="checkbox"/>	(f)(1) Linens/emergency clothing available
		<input checked="" type="checkbox"/>	(h)(8) Drinking water available/accessible				<input checked="" type="checkbox"/>	(f)(2) Linens washed weekly or as needed
		<input checked="" type="checkbox"/>	(h)(9) Equipment arranged for safety-equip/fences/structures not hazardous				<input checked="" type="checkbox"/>	(f)(3) Linens/clothing stored individually
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED			<input checked="" type="checkbox"/>	130.	SAFE SLEEP
		<input checked="" type="checkbox"/>	(h)(7) Playground protected from traffic, water, gullies or other hazards					(g)(1) Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/>	(h)(7)(A) Fences installed to protect from hazards-4 ft					(g)(1) Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/>	(h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks					(g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/>	(h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)					(g)(2) Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>	114.		WATER HAZARDS					(g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/>	(i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)					(g)(4) No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/>	(i) Wading pools prohibited (N/A)					(g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/>	(i) Hot tubs/spas/saunas-locked/inaccessible (N/A)					(g)(6) Observe/assess infants at least every 15 minutes

EDUCATIONAL REQUIREMENTS 19a-79-8a	
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<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"/>	131.	(h)(1) Infant toys-separate/washed/sanitized daily
		<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					(h)(1) 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					(h)(2) No toys/objects less than 1 1/4 " diameter
								(h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
								(i)(1)(2A-C) Health consultant visits/documentation

UNDER THREE ENDORSEMENT 19a-79-10	Y/N
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<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"/>	135.	(i)(1)(2A-C)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)					<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors					(j) FEEDING
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep					(k)(1) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC					(k)(2) Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots					(k)(3) Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray					(k)(4) Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment					(k)(5) Baby food served from dish or whole jar
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities					(l)(1) Bottles labeled with child's name
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free					(l)(2) Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	128.		DIAPERING					(l)(3) Outdoor equipment-developmentally appropriate for ages of the children
		<input checked="" type="checkbox"/>	(e)(1) Diaper area: elevated/sturdy/safety rail					(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)
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<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
								(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
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15					
<input checked="" type="checkbox"/>	144.	(e)	Diaper area: elevated/sturdy/safety rail					Ratio- 1:15
								Group size- max. 30

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SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13	Y/N
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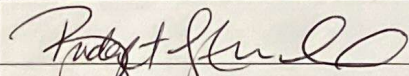
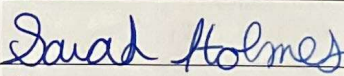
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input 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

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		(b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		(c)(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"/> 174.	(d)(1)	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"/> 175.	(d)(2)	Equipment provided by parents
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176.	(d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> 153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/> 177.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178.	(e)(2)	Authorized prescriber written order
	(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179.	(e)(3)	Written authorization from parent
	(b)(6)(B)	Required bedding			Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	(b)(6)(C)	Required toiletries			
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	(b)(7)	Sleep arrangements for infants			
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft			
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input type="checkbox"/> 156.	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a	Y/N	ADDITIONAL VIOLATION	
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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 <input checked="" type="checkbox"/> (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<p>DISCUSSIONS/COMMENTS</p> <p>Discussed new regulations and provided information on accessing sample policies and checklist for updating policies on oec website. Discussed stained ceiling tile in staff bathroom.</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"/> 159.	(a)(2)	NONPRESC. TOPICAL MEDICATION			
	(a)(3)(A-B)	Admin/Parent permission/report errors			
	(a)(3)(C)	Labeling and Storage			
<input checked="" type="checkbox"/> 160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned			
	(b)(1)(D)	MEDICATION TRAINING			
	(b)(1)(E)	Medication training-general-oral/top/inhalant			
	(b)(1)(F)	Injectable premeasured autoinjector medication			
	(b)(2)(A-B)	Rectal medication			
	(b)(2)(C)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Training outline on file			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Labeling and Storage			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 168.	(b)(6)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 170.	(d)	Self-administration documentation			
		Petition for special medication authorization			
		Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> (N/A)			

Signature of OEC staff		Signature of person in charge	
Printed Name	ROBERT L. MERRIAM	Printed Name	Sarah Holmes

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: 5/26/2025	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidsworld Childcare License # 15710 Date: 5/12/2025

Observations/Corrections needed:

- #40 ^{(a)(2)(E)}: observed seizure care plan unable to be followed by staff as required medication isn't on site
- #32 (d)(10)(A): observed no written supervision plan for 4 hand staff/child toilet
- #104 (g)(1): observed rust in Toddler, Tots microwaves
- #121 (d)(1)(A-C): Per staff of Toddler room, trays are placed in hand wash sink before being washed
- #123 (e)(7): Per staff of Tots, children don't wash hands after diapering
- #159 (a)(2): observed 3 diaper creams missing complete dates of administration in Waddlers, one expired diaper cream permission form and 2 children without written permission for diaper cream in Three's room
- #161 (b)(3)(A-B): observed expired Albuterol and Epi-Pen authorization forms

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: BUDGETY KIRKIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: SARAH HOLMES

OEC BY: 5/26/2025