



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:	Kindercare Learning	Date of Inspection:	5/12/25	Time of Arrival:	9:10
Address:	174 Old Hawleyville Rd	License Number:	13727	Expiration Date:	3/31/29
Town:	Bethel	Telephone Number:	(203) 792-6991	Summer Care:	Open
Operator:	Kindercare Learning Center LLC	# of Staff Present:	14	# over 3 Present:	33
Email:	Amanda.frederickekindercare.com	Total Capacity:	133	Total Under 3 capacity:	56
Designated Director:	Amanda Frederick	Hours/Days of Operation:	M-F 11:30-4:00pm.		

Instruction Codes: √ = Regulation in Compliance O = 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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10/26/23	<input checked="" type="checkbox"/> 19. (a)(1) Staff health records
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ADMINISTRATION 19a-79-3a

<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. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 27. (d)(4)(B) Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(B) Mixed age group
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> (d)(6) Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 28. (d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 29. (d)(5) GROUP SIZE
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (d)(5)(A) Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (d)(5)(B) Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (e)(1) Mixed age group-group size
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 30. (e)(1) Designated director-training
<input checked="" type="checkbox"/> 13. (f) ACCESS	<input checked="" type="checkbox"/> 31. (f)(1) CPR certified program staff
<input checked="" type="checkbox"/> (h) Immediate access by parents	<input checked="" type="checkbox"/> 31. (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 14. (l) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 32. (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 15. (m) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 33. (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 16. (n) Motor vehicle laws-transportation	<input type="checkbox"/> 34. (a)(2) Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 17. (o) Capacity	<input type="checkbox"/> (h)(1) Health & Safety training
<input checked="" type="checkbox"/> 18. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (h)(2) 1% annual hours
<input checked="" type="checkbox"/> POSTINGS	<input checked="" type="checkbox"/> (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (4)(C)(i) Swimming-Ratios
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (e)(6) Non-swimmers identified
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (e)(6) CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (e)(6) Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input type="checkbox"/> (i)(1)(A)-(D) CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input type="checkbox"/> (i) - Consultant agreements-signed annually-
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (i)(2)(A-H) agreements complete w/required services
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> (F) Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted	<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Kindercare Learning

LICENSE NUMBER 13727

DATE OF INSPECTION 5/12/25

RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

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

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"/> 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 <u>4/30/25</u> (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.	(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)

<input checked="" type="checkbox"/> 82.	(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)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	(e)(1)	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
<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.	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	(e)(7)	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
<input checked="" type="checkbox"/> 94.	(e)(8)	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
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(17)	Radon test- Results: _____ (Schts-N/A)
<input checked="" type="checkbox"/> 101.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 107.	(g)(4)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>3/5/25</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: <u>4/17/24</u>
	(c)(5)(C)	Bact./Chem Test-Date: <u>5/11/24</u> (N/A)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N
	(c)(6)(B-D)	Results _____
		Lead Management Plan <u>n/a</u>
		Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	KinderCare Learning	LICENSE NUMBER	13727	DATE OF INSPECTION	5/12/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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✓	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls		128.			
✓	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around					DIAPERING cont. Diaper area: used only for this purpose, located in the program area
✓	110.	(j)	No weapons/no facsimile of a firearm					Diaper area: non-porous surface/good repair
✓	111.		OUTDOOR SPACE					Diaper area: washed/disinfected after use
✓		(h)(1)	Adequate space- 75 sq. ft. per child					Diaper area: disposable paper sheets
✓		(h)(2)	Shock absorbing surfaces-minimum 8"					Covered waste receptacle-removed daily
✓		(h)(3)	Playground free from hazards					Handwashing-staff/children
✓		(h)(4)	Nuts, bolts, screws-tight, covered/protected					Diapering-Handwashing policies-posted/followed
✓		(h)(5)	Outside equipment anchored-anchors buried					Cloth diapers-written plan developed
✓		(h)(6)	New equip- cert playg. Inspection upon request					LINENS/CLOTHING
✓		(h)(8)	Drinking water available/accessible					Linens/emergency clothing available
✓		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous					Linens washed weekly or as needed
✓	112.		OUTDOOR PROTECTED/FENCED					Linens/clothing stored individually
✓		(h)(7)	Playground protected from traffic, water, gullies or other hazards					Cribs/cots cleaned-linens changed when shared
✓		(h)(7)(A)	Fences installed to protect from hazards-4 ft					SAFE SLEEP
✓		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks					Under 12 mths placed on back for sleeping
✓		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)					Crib-snug fitting mattress/tightly fitted sheet
✓	114.		WATER HAZARDS					Alternate sleep position/equipment-medical documentation for medical reason on file
✓		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)					Infants allowed to adopt other sleep positions
✓		(i)	Wading pools prohibited (N/A)					No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
✓		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)					No unapproved sleeping-car seats/swings/beds, etc.

EDUCATIONAL REQUIREMENTS 19a-79-8a	
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✓	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents		✓			
✓	116.	(a)	EDUCATIONAL REQUIREMENTS 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					TOYS AND OTHER OBJECTS
✓		(1)-(11)						Infant toys-separate/washed/sanitized daily
✓		(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					Toddler toys-washed/sanitized weekly

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)	
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✓	117.	(b)	Approved Under 3 Endorsement		✓			
✓	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)					FEEDING
✓	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)					Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)	
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✓	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					SCHEDULE - ACTIVITIES
✓	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC					Written daily program plan-flexible schedule- available to staff/parents
✓	123.	(d)(2)(B)	Washable cots					Activities not a duplication of child's day
✓	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray					Activities include cognitive, physical, social, emotional needs of the children
✓	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment					Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
✓	126.	(d)(2)(E)	Refrigerator and food prep facilities					Ratio- 1:15
✓	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free					Group size- max. 30
✓	128.	(e)(1)	DIAPERING Diaper area: elevated/sturdy/safety rail					

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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
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<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		(b)(3)	Written documentation of training
<input 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		(c)(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		(d)(1)	Equipment provided by parents
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> 153.		SLEEP PROVISIONS		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding		(e)(1)	Authorized prescriber written order
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled		(e)(2)	Written authorization from parent
	<input type="checkbox"/> (b)(6)(B)	Required bedding		(e)(3)	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 (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>policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 16, 24. Programs must ensure policies updated to reflect new requirements.</p> <p>all items ✓ were either in compliance or discussed at visit</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>		
	(a)(3)(A-B)	Labeling and Storage			
	(a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 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			
<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	<i>Jaime Fortin</i>	Signature of person in charge	<i>Amanda Frederic</i>
Printed Name	Jaime Fortin	Printed Name	Amanda Frederic

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: 5/20/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning License # 13727 Date: 5/12/25

Observations/Corrections needed:

35(1)(1)(2)(A-H): Nurse Consultant Agreement not updated with new required services.

82(d)(10)(H): Mechanical ventilation not observed in preschool/toddler bathrooms.

discussed: Care Plans - attach staff sign in; Benadryl - add child's name to bottle.

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: Jayne Fodin

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 5/26/25

Print Name: Amanda Frederick