

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

Kidco		5/13/25	905um
2175 Berlin Turnpike		15119	11/30/25
Newington, CT 06111		SUC 667719	open
Kidco Inc		# of Staff Present: 9	# over 3 Present: 0
MBomleya@yahoo.com		Total Capacity: 188	Total Under 3 capacity: 97
Mana Bomley			# under 3 Present: 30
			Ages Served: 6w-12yr
			M-F 6:30am-6pm

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

1.	(c)(8)	Local Health Inspection-Date: 5/11/25	19. (a)(1)	Staff health records
2.	(a)	Ensuring health & safety of children	20. (a)(3)	Disciplinary actions
3.	(b)	Overall management of program	21. (b)	Comprehensive Background Checks
4.	(b)(6)	Employee orientation for new program staff	21a. (b)(2)	Past employment history
5.	(b)(6)	Annual policy training for program staff	22. (b)(4)	Evidence of compliance with bknd cks/history
6.	(b)(7)(A)	Child behavior management	23. (d)	Adequate staffing
7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
8.	(b)(7)(C)	Child Protection	25. (d)(2)	Two staff present-age 18 or older
9.	(b)(7)(E)	Mandated Reporting	26. (d)(3)(A-C)	Personal qualities of staff
10.	(c)(1-4)	Notification of Change	27.	RATIOS
11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	28.	Ratio 1:10 - Indoors/Outdoors
	(d)(2)(B)(C)	Discipline policy	29.	Mixed age group
	(d)(3)	Child Protection policy	30. (e)(1)	Nap time ratio
	(d)(4)(A)	Closing time policy	31. (f)(1)	Supervision-Indoors/Outdoors
	(d)(4)(B)	Medical emergency policy	32. (f)(2)	GROUP SIZE
	(d)(4)(B)	Multi-Hazards policy-annual drill	33.	Group Size-Indoors/Outdoors
	(d)(5)	Supervision policy	34.	Group Size-school age field trips/outdoors
	(d)(6)	General Operating policies	35.	Mixed age group-group size
	(d)(6)(C)	Administrative Oversight policy	(a)(2)	Designated director-training
	(d)(7)	Personnel policies	(h)(1)	CPR certified program staff
12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	(h)(2)	First aid certified program staff
13.	(f)	ACCESS	(4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT
	(h)	Immediate access by parents	(4)(C)(i)	Documentation of prof. dev/trainings
14.	(l)	Immediate access by OEC-facility/records	(e)(6)	Health & Safety training
15.	(m)	2.8 yr olds in prek-authorization	(e)(6)	1% annual hours
16.	(n)	Motor vehicle laws-transportation	(i)(1)(A)-(D)	SWIMMING ACTIVITIES - Y/N
17.	(o)	Capacity	(i) -	Swimming-Ratios
		Respond to OEC-no false, misleading statements or documents	(i)(2)(A-H)	Non-swimmers identified
18.	3a(e)(1)	POSTINGS	(F)	CPR certified staff-age 20 or older
	3a(e)(2)	License posted	(i)(2)	Lifeguard-certified-supervising
	3a(d)(6)(C)	OEC Complaint Procedure posted	(H)(i)-(I)(i)	CONSULTANTS
	3a(e)(3)	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	3a(e)(4)	Menus posted		Consultant agreements-signed annually-agreements complete w/required service
	3a(e)(5)	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
	3a(e)(6)	OEC Inspection report posted or available		Consultant visits- Education/Health
	7a(e)(17)	Dev. Milestones posted		Contracts Logs Visits
	10((g)(8)	Radon Test posted (Schls-N/A)		Education
		Safe Sleep policy posted		Health
				Soc. Serv.
				Dietitian

Kidco

15119

5/13/25

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

<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.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING

HEALTH SERVICES 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 (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 (N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated
<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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<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"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 83.	(d)(10)(A)	
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	
	(d)(10)(C)	
	(d)(10)(C)	
	(d)(10)(E)	
	(d)(10)(E)	
	(d)(10)(F)	
	(d)(10)(G)	
	(d)(10)(H)	
	(d)(11)	
<input checked="" type="checkbox"/> 86.	(e)(1)	
<input checked="" type="checkbox"/> 87.	(e)(2)	
<input checked="" type="checkbox"/> 88.	(e)(3)	
	(e)(4)	
<input checked="" type="checkbox"/> 90.	(e)(5)	
<input checked="" type="checkbox"/> 91.	(e)(5)	
	(e)(6)	
	(e)(7)	
	(e)(7)	
	(e)(7)	
<input checked="" type="checkbox"/> 94.	(e)(8)	
	(e)(9)	
	(e)(9)	
	(e)(10)	
<input checked="" type="checkbox"/> 95.	(e)(11)	
<input checked="" type="checkbox"/> 96.	(e)(12)	
<input checked="" type="checkbox"/> 97.	(e)(13)	
<input checked="" type="checkbox"/> 98.	(e)(14-15)	
<input checked="" type="checkbox"/> 99.	(e)(16)	
<input checked="" type="checkbox"/> 100.	(e)(17)	
<input checked="" type="checkbox"/> 101.	(e)(18)	
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	
<input checked="" type="checkbox"/> 103.	(g)(1)	
<input checked="" type="checkbox"/> 104.		
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

PHYSICAL PLANT 79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 6/13/24
<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: 9/28/23 (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 6/20/24 M
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

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

<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.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfect
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
	(d)(11)	Staff personal articles inaccessible
		AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
	(e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good rep
	(e)(6)	Rugs- not a tripping/slipping hazard
	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBER
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to ph
	<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone nu
		LIGHTING
	<input checked="" type="checkbox"/> (e)(9)	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)(10)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, mat
	<input checked="" type="checkbox"/> (e)(12)	labeled, inaccessible
	<input checked="" type="checkbox"/> (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
	<input checked="" type="checkbox"/> (e)(14-15)	Stairs-protected/good repair-handrail
	<input checked="" type="checkbox"/> (e)(16)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (e)(17)	Pets or other animals-in good health, v
	<input checked="" type="checkbox"/> (e)(18)	care plan including access to child
	<input checked="" type="checkbox"/> (f)(1)(A)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (g)(1)	Radon test- Results: _____ (S)
	<input checked="" type="checkbox"/> (g)(2)	Carbon monoxide detector-each lev
	<input checked="" type="checkbox"/> (g)(3)	Program space-adequate-35 sq. ft. p
	<input checked="" type="checkbox"/> (g)(4)	Equipment-clean and safe, good rep
		non-toxic-sturdy, free from protr
		nails, free from rust
		Adequate equipment for rest-clean
		(Grp Homes only-mats/sleeping bags)
		Air conditioners/water heaters/fus
		inaccessible
		Developmentally app equipment, 1

CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Kidco	LICENSE NUMBER 15119	DATE OF INSPECTION 5/15/25
------------------------------	--------------------------------	--------------------------------------

PHYSICAL PLANT 19a-79-10 cont. **UNDER THREE ENDORSEMENT 19a-79-10 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.	(j)	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.	(h)(7)	OUTDOOR PROTECTED/FENCED
	(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(B)	Fences installed to protect from hazards-4 ft
	(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
114.	(i)	Rooftop play areas-6 ft. wall/barrier (N/A)
	(i)	WATER HAZARDS
	(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
	(i)	Wading pools prohibited (N/A)
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

128.	(e)(2)	DIAPERING cont.
	(e)(3)	Diaper area: used only for this purpose, located in the program area
	(e)(4)	Diaper area: non-porous surface/good repair
	(e)(5)	Diaper area: washed/disinfected after use
	(e)(6-9)	Diaper area: disposable paper sheets
	(e)(7)	Covered waste receptacle-removed daily
	(e)(8)	Handwashing-staff/children
	(e)(10)(A-C)	Diapering-Handwashing policies-posted/follow
129.	(f)(1)	Cloth diapers-written plan developed
	(f)(2)	LINENS/CLOTHING
	(f)(3)	Linens/emergency clothing available
	(f)(4)	Linens washed weekly or as needed
	(g)(1)	Linens/clothing stored individually
130.	(g)(1)	Cribs/cots cleaned-linens changed when soiled
	(g)(2)	SAFE SLEEP
	(g)(3)	Under 12 mths placed on back for sleeping
	(g)(4)	Crib-snug fitting mattress/tightly fitted sheet
	(g)(5)	Alternate sleep position/equipment-medical documentation for medical reason on file
	(g)(6)	Infants allowed to adopt other sleep position
	(g)(7)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddlers
	(g)(8)	No unapproved sleeping-car seats/swings/beds
131.	(h)(1)	No swaddling w/o written documentation
	(h)(2)	MD/PA/APRN- instructions/timeframes
	(h)(2)	Observe/assess infants at least every 15 minutes
	(h)(2)	Teething necklaces/bracelets, jewelry inaccessibly
	(h)(2)	Safe sleep policies - parents informed
135.	(i)(1)(2A-C)	TOYS AND OTHER OBJECTS
136.	(j)	Infant toys-separate/washed/sanitized weekly
	(k)(1)	Toddler toys-washed/sanitized weekly
	(k)(2)	No toys/objects less than 1 1/4" diameter
	(k)(3)	No toys/objects less than 1 1/4" diameter
	(k)(4)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	(k)(5)	Health consultant visits/documentation
137.	(l)(1)	FEEDING
138.	(l)(2)	Infants held for bottles - chairs for feeding
139.	(l)(3)	Individual attention, tummy time, crawling

EDUCATIONAL REQUIREMENTS 19a-79-10

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

137.	(l)(1)	Infants held for bottles - chairs for feeding
	(l)(2)	Individual attention, tummy time, crawling
	(l)(2)	Written feeding schedule from parent
	(l)(2)	Unused formula/milk discarded after 24 hours
	(l)(2)	Clean bottles/disposable bottles/appropriate
	(l)(2)	Baby food served from dish or whole
	(l)(2)	Bottles labeled with child's name
	(l)(2)	Outdoor spaced fenced-4 ft (tie. a)
	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the child
	(l)(2)	Shock ab materials less than 1 1/4" diameter
	(l)(2)	measures in place to ensure their safety

UNDER THREE ENDORSEMENT 19a-79-10

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

SCHOOL AGE ENDORSEMENT 19a-79-11

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Kidco
 SCHOOL AGE ENDORSEMENT 19a-79-11 Y N
 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 146. (g) Designated Head teacher approved- 60%

LICENSE NUMBER: 15119 DATE OF INSPECTION: 5/13/25
 MONITORING OF DIABETES 19a-79-13 Y N

GHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N Y N
 47. (b) Approved Night Care Endorsement
 48. (b)(1) Person in charge-head teacher
 49. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
 50. (b)(3) Written plan for supervision including cot placement and evacuation
 51. (b)(4) Children in care no more than 12 hrs. in 24
 52. (b)(5) Staff awake and available
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
 54. (b)(8) Air temp 65 °F at 3 ft
 55. (b)(9) Fire marshal approval-hours specified
 56. (b)(10) Local health approval

171. (a)(1)
 172. (b)(1)(A)
 (b)(1)(B) (i)-(iii)
 (b)(2)
 (b)(3)
 (c)(2)
 (c)(3)
 173. (d)(1)
 174. (d)(2)
 175. (d)(3)
 176. (d)(3)
 177. (e)(1)
 178. (e)(2)
 179. (e)(3)

Written policies and procedures
STAFF TRAINING
 Staff training – first aid
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 Training updated at least every 3 years
 Written documentation of training
 Trained staff on site when child is present
 Self-administration - written authorization and under supervision of trained staff
 Equipment provided by parents
 Equipment labeled and inaccessible
 Signed agreement with parent regarding equipment, supplies, materials to be discarded
 Authorized prescriber written order
 Written authorization from parent
 Testing results and actions taken – documented and kept on file, ensure parents are notified daily

MINISTRATION OF MEDICATIONS 19a-79-9a Y/N Y N
 57. (9a) Written medication policies/procedures
 58. (9a) Permit enrollment of children with asthma, allergies, diabetes
NONPRESC. TOPICAL MEDICATION
 (a)(2) Admin/Parent permission/report errors
 (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned
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)

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

DISCUSSIONS/COMMENTS
 - Update policies/procedures per new regs.
 - Reviewed under 3s ratios 4:1 per 5:1 ratios

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

Signature OEC staff: Ma Miller
 Printed name: K Kellerman

Signature of person in charge: John P Scelza
 Printed name: John P Scelza

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

Written Corrective Action Plan Due by: 5/27/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidco License # 15119 Date: 5/13/25

Observations/Corrections needed:

Regulations not in compliance when observed

#35 - Social service ^(F) consultant not observed
 reviewed policies/procedures (F)

#60 - Dusty vents in Infant 1, 2, Wad 2, Kids
 Bathrooms (school age downstairs), Tod 1, Tod 2, Tod 3
 water stains in Wad 2, Infant 2, Kids and
 Staff bathrooms, Waddler 1, Tod 2, Tod 3
 Microwave dirty in Infant 1, rusty in Nubba

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) FFH

Signature: [Signature]
 (Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO
 OEC BY: 5/27/25