



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 Corner Nursery School	Date of Inspection:	5-7-25	Time of Arrival:	9:20 am
Address:	94 Brickyard Rd.	License Number:	70736	Expiration Date:	11/30/27
Town:	Farmington 06032	Telephone Number:	860-670-2489	Summer Care:	closed
Operator:	The Winner's Circle Inc. DBA Big Sky	# of Staff Present:	2	# over 3 Present:	6
Email:	Ms. B. Bigsky@gmail.com	Total Capacity:	20	Total Under 3 capacity:	0
Designated Director:	Lori Bizzozero	Hours/Days of Operation:	M-F 9:00am to 12 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

1. (c)(8) Local Health Inspection-Date: 10/20/23

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
 - 10(g)(8) Safe Sleep policy posted n/a (Schls-N/A)

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history *
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. (f)(2) PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training *
 - (h)(2) 1% annual hours
- 33. 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
- 34. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

	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	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Kids Corner Nursery School	LICENSE NUMBER	70736	DATE OF INSPECTION	5.7.25
---------------------	----------------------------	-----------------------	-------	---------------------------	--------

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input 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

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>n/a</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 type="checkbox"/>	59.	<input type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input type="checkbox"/>		<input 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 type="checkbox"/>		<input type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>9125124</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.		WATER SUPPLY - Public/Well (Schools-N/A)
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>9/18/24</u>
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		LEAD PAINT -
		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y(N) Lead Test: Y(N)
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results _____
			Lead Management Plan <u>n/a</u>
		<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

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
			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
			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, disinfected
		<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)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		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
			WALLS/CEILINGS/FLOORS/RUGS
		<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
		(e)(6)	Hot water/Steam pipes protected
			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
			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)(9)	Light fixtures shielded/shatter proof
		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> 96.	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> 97.	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 98.	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 99.	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 100.	Measures to prevent vermin
		<input checked="" type="checkbox"/> 101.	Radon test- Results: <u>.5</u> (Schls-N/A)
		<input type="checkbox"/> 102.	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 103.	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 104.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> 105.	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> 106.	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> 107.	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Kids Corner Nursery School	LICENSE NUMBER	76736	DATE OF INSPECTION	5.7.25
---------------------	----------------------------	-----------------------	-------	---------------------------	--------

PHYSICAL PLANT 19a-79-7a cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls ★
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (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. OUTDOOR PROTECTED/FENCED
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
 - (i) Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

EDUCATIONAL REQUIREMENTS 19a-79-8a ★

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
 - (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes ★

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Kids Corner Nursery School	LICENSE NUMBER	70736	DATE OF INSPECTION	5.7.25
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/>		MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>			
<input type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171. (a)(1)	Written policies and procedures		
<input type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172. (b)(1)(A) (b)(1)(B) (i)-(iii)	STAFF TRAINING Staff training – first aid 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"/>		<input type="checkbox"/> 173. (b)(2) (b)(3) (c)(2) (c)(3)	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		
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents		
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 177. (e)(1)	Authorized prescriber written order		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 178. (e)(2)	Written authorization from parent		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS				
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding				
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled				
<input type="checkbox"/> (b)(6)(C)	Required bedding				
<input type="checkbox"/> (b)(6)(D)	Required toiletries				
<input type="checkbox"/> (b)(7)	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 Y/N		ADDITIONAL VIOLATION			
<input type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input type="checkbox"/> 180. -n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
<input type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	DISCUSSIONS/COMMENTS			
<input type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	<p>* items new regulations / discussed.</p> <p>- updated complaint procedure provided</p> <p>- policies to be updated to reflect new regulations</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>			
<input type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors				
<input type="checkbox"/> (a)(3)(C)	Labeling and Storage				
<input type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING				
<input type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant				
<input type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication				
<input type="checkbox"/> (b)(2)(A-B)	Rectal medication				
<input type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector				
<input type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates				
<input type="checkbox"/> 162. (b)(3)(D)	Training outline on file				
<input type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission				
<input type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)				
<input type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage				
<input type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible				
<input type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned				
<input type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment				
<input type="checkbox"/> 170. (d)	Self-administration documentation				
	Petition for special medication authorization				
	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)				

Signature of OEC staff	Betty mayer	Signature of person in charge	Lori Bizzozero
Printed Name	Betty Mayer	Printed Name	Lori Bizzozero
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: oecl.licensing@ct.gov		Inspection shall be posted or available for review upon request.	
		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 Corner Nursery School License # 70736 Date: 5.7.25

Observations/Corrections needed:

Program not in compliance when..

33(n)(1) Health & safety training not complete for two staff.

35(i)(i)(2)(A-H) consultant contracts missing all required services.

38 one child's physical expired.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/21/25

Signature: Lori Bizzozero
(Person in Charge)

Print Name: Lori Bizzozero