



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:	Pro Active Kidz	Date of Inspection:	7/2/2025	Time of Arrival:	9AM
Address:	16 Main St. Ste 307	License Number:	Pending	Expiration Date:	Pending
Town:	Durham, CT. 06422	Telephone Number:	914-448-3881	Summer Care:	Open
Operator:	Pro Active Kidz LLC	# of Staff Present:	2	# over 3 Present:	0
Email:	proactivekidz@gmail.com	Total Proposed Capacity:	12	Total Under 3 capacity:	0
Designated Director:	Orana Kaja	Hours/Days of Operation:	Monday-Friday 7AM-5:30PM		

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: 4/3/2025

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

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
☒ 28. (d)(4)(D) Supervision-Indoors/Outdoors
☒ 29. 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
☒ 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-
☒ (i)(2)(A-H) agreements complete w/required services
☒ (F) Consultant logs-documented activities, observations and required services
☒ (i)(2) Consultant visits- Education/Health

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Pro Active Kidz LICENSE NUMBER Pending DATE OF INSPECTION 7/2/2025

RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

- ☒ 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- ☒ 47. (a)(2) Nutritious meals and snacks
- ☒ 48. (a)(3) Proper refrigeration-41 degrees
- ☒ 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- ☒ 50. (a)(5) Food Service Inspection (N/A)
- ☒ 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- ☒ 52. (a)(7) Separate hand washing facilities
- ☒ 53. (a)(8) Multi-use eating/drinking utensils
- ☒ 54. (a)(9) Kitchen separated (N/A)
- ☒ 55. (a)(10) Children supervised during meal prep
- ☒ 56. (a)(11) Handwashing-staff/children
- ☒ 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- ☒ 58. (b)(2) Designated isolation area
- ☒ 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)

PHYSICAL PLANT 19a-79-7a

- ☒ 62. (a)(2) Fire marshal codes/certificate 1/3/2025
- ☒ 63. (b) Indoor/Outdoor space inspected/approved
- ☒ 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- ☒ 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- ☒ 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- ☒ 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- ☒ 68. (c)(4) Testing of premises/grounds for chemicals
- ☒ 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 1/22/25 + 4/1/25
- (c)(5)(C) Bact./Chem Test-Date: N/A
- Drinking water available/accessible
- ☒ 70. LEAD PAINT -
- (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N
- Results N/A
- (c)(6)(B-D) Lead Management Plan N/A
- Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

- ☒ 71. (d)(1) Emergency vehicle access
- ☒ 72. (d)(2) Walkways maintained
- ☒ 73. (d)(3) Windows protected to prevent falls
- ☒ 74. (d)(3) Window screens
- ☒ 75. (d)(4) Glass/mirrors protected- 36"
- ☒ 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- ☒ 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- ☒ 78. (d)(7) Individual storage of clothing and bedding
- ☒ 79. SMOKING
- (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- (d)(9) Electrical safety - outlets inaccessible - covered or protected
- ☒ 81. TOILETING
- (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)(F) Handwashing staff/children
- (d)(10)(G) Toilets/sinks located at the facility
- (d)(10)(H) Well lighted/ventilated toilet rooms
- (d)(11) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- Staff personal articles inaccessible
- ☒ 82. 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
- (e)(3) Water temperature 60°F-120°F
- (e)(4) Portable space heaters prohibited
- ☒ 83. WALLS/CEILINGS/FLOORS/RUGS
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(5) Rugs- not a tripping/slipping hazard
- (e)(6) Hot water/Steam pipes protected
- ☒ 84. 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
- ☒ 85. 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
- (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- ☒ 86. Garbage/rubbish-disposed of daily, containers in good repair
- (e)(11) Stairs-protected/good repair-handrails
- ☒ 87. (e)(12) Toxic plants/materials inaccessible
- ☒ 88. (e)(13) Pets or other animals-in good health, written care plan including access to children
- ☒ 89. Measures to prevent vermin
- ☒ 90. Radon test- Results: 4/1/2025 (Schls-N/A)
- ☒ 91. Carbon monoxide detector-each level N/A
- ☒ 92. Program space-adequate-35 sq. ft. per child
- ☒ 93. Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- ☒ 94. Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- ☒ 95. Air conditioners/water heaters/fuse boxes inaccessible
- ☒ 96. Developmentally app equipment, materials
- ☒ 97. (g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Pro Active Kidz	LICENSE NUMBER	Pending	DATE OF INSPECTION	7/2/2025
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PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

✓ 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	✓ 131.	☐ (h)(1)	<u>TOYS AND OTHER OBJECTS</u>
✓ 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		☐ (h)(1)	Infant toys-separate/washed/sanitized daily
	✓ (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	N/A	☐ (h)(2)	Toddler toys-washed/sanitized weekly
	✓ (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
				☐ (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				☐ (j)	Health consultant visits/documentation
				☐ (k)(1)	<u>FEEDING</u>
				☐ (k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				☐ (k)(3)	Written feeding schedule from parent-updated
				☐ (k)(4)	Unused formula/milk discarded after feedings
				☐ (k)(5)	Clean bottles/disposable bottles/appvd washing
				☐ (l)(1)	Baby food served from dish or whole jar
				☐ (l)(2)	Bottles labeled with child's name
				☐ (l)(3)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)

UNDER THREE ENDORSEMENT 19a-79-10

☐ 117.	(b)	Approved Under 3 Endorsement	✓ 137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
☐ 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	✓ 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
☐ 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	✓ 139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
☐ 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			

SCHOOL AGE ENDORSEMENT 19a-79-11

☐ 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	✓ 140.	(b)	Approved Schl Age Endorsement
☐ 122.	(d)(2)(A-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	✓ 141.	✓ (c)	<u>SCHEDULE - ACTIVITIES</u>
☐ 123.	(d)(2)(B)	Washable cots		☐ (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
☐ 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		☐ (c)(2)	Activities not a duplication of child's day
☐ 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		☐ (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
☐ 126.	(d)(2)(E)	Refrigerator and food prep facilities			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
☐ 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	✓ 143.	(d)	Ratio- 1:15
☐ 128.		<u>DIAPERING</u>	✓ 144.	(e)	Group size- max. 30
	☐ (e)(1)	Diaper area: elevated/sturdy/safety rail			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Bo Active Kidz		LICENSE NUMBER Perlin	DATE OF INSPECTION 7/2/2025
SCHOOL AGE ENDORSEMENT 19a-79-11 (Y)		MONITORING OF DIABETES 19a-79-13 (Y)	
☒ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	☒ 171. (a)(1) Written policies and procedures
☒ 146.	(g)	Designated Head teacher approved- 60%	☒ 172. (b)(1)(A) STAFF TRAINING
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) (Y)		☒ (b)(1)(B) Staff training – first aid	☒ (i)-(iii) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
☒ 147.	(b)	Approved Night Care Endorsement	☒ (b)(2) Training updated at least every 3 years
☒ 148.	(b)(1)	Person in charge-head teacher	☒ (b)(3) Written documentation of training
☒ 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
☒ 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	☒ (c)(3) Self-administration - written authorization and under supervision of trained staff
☒ 151.	(b)(4)	Children in care no more than 12 hrs. in 24	☒ 174. (d)(1) Equipment provided by parents
☒ 152.	(b)(5)	Staff awake and available	☒ 175. (d)(2) Equipment labeled and inaccessible
☒ 153.		SLEEP PROVISIONS	☒ 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
☒ (b)(6)		Individual cot/crib with bedding	☒ 177. (e)(1) Authorized prescriber written order
☒ (b)(6)(A)		Sleeping apparel/toiletries labeled	☒ 178. (e)(2) Written authorization from parent
☒ (b)(6)(B)		Required bedding	☒ 179. (e)(3) 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	
☒ 154.	(b)(8)	Air temp 65 °F at 3 ft	
☒ 155.	(b)(9)	Fire marshal approval-hours specified	
☒ 156.	(b)(10)	Local health approval	
ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y)		ADDITIONAL VIOLATION	
☒ 157.	(9a)	Written medication policies/procedures	☒ 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)
☒ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	
☒ 159.		NONPRESC. TOPICAL MEDICATION	DISCUSSIONS/COMMENTS
☒ (a)(2)		Admin/Parent permission/report errors	Discussed regulations and reviewed programs policies/procedures/plans - All in compliance with October 2024 regulations
☒ (a)(3)(A-B)		Labeling and Storage	
☒ (a)(3)(C)		Unused/expired meds destroyed/returned	
☒ 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	
☒ 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)	
Signature of OEC staff Budget		Signature of person in charge ORANA KAJA	
Printed Name BUDGET MECKIN		Printed Name ORANA KAJA	
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 Done by: Min h oec approved CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ProActive Kidz License # Pending Date: 7/2/2025

Observations/Corrections needed:

- #73(d)(4): observed 2 windows to be unprotected to 36 in
- #104(g)(1): observed rust on outdoor fence gate and screws/bolts/nuts
- #105(g)(2): observed no cots/mats/sleeping bags available for rest/nap
- #160(b)(2)(C): observed training outline for oral/topical/inhalant medications to be unavailable

Classroom:

(bathrooms)

$$39.2 \times 19.8 - 4.7 \times 12 = 719.76 \div 35 = 20.5 \text{ (ok 12 children)}$$

Outside:

(fencing)

$$39.6 \times 37.7 - 24.5 \times 10.6 = 1233.22 \div 75 = 16.4 \text{ (ok 12 children)}$$

Indoor capacity = 12 children

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: _____

Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to OEC approval

Signature: _____

Print Name: _____

Bridget Herrin
(OEC Representative)

BRIDGET L. HERRIN

Olivia Kjaer
(Person in Charge)

OLIVIA KJAER