

**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:	Kid's Connection 11	Date of Inspection:	1-5-2026	Time of Arrival:	11:03
Address:	140 Pleasant Ave	License Number:	15949	Expiration Date:	9-30-29
Town:	East Haven 06512	Telephone Number:	203-467-9400	Summer Care:	open
Operator:	Kids Connection 11 Inc.	# of Staff Present:	4	# over 3 Present:	9
Email:	ricci.donna@gmail.com	Total Capacity:	42/21	Total Under 3 capacity:	21
Designated Director:	Donna Ricci	Hours/Days of Operation:	M-F 8a-5pm		

Instruction Codes:  = Regulation in Compliance     = Regulation not in Compliance    N/A = Not applicable at this time

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

**LICENSURE PROCEDURES 19a-79-2a**

**STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>10-30-23</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	PERSONAL QUALITIES OF STAFF
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 11. <b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (f)(2)	Designated director—training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (h)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 13. <b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (i) –	Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 18. <b>POSTINGS</b>	<input checked="" type="checkbox"/> (F)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (i)(2)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy		Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Contracts    Logs    Visits
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Education    ✓    ✓    ✓
<input checked="" type="checkbox"/> 3a(e)(7) Radon Test posted (Schls-N/A)		Health    ○    ○    ✓
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		Soc. Serv.    ○    ○    ✓
		Dietitian    ○    ○    ✓

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<b>PROGRAM NAME</b>	Kids Connection 11	<b>LICENSE NUMBER</b>	15949	<b>DATE OF INSPECTION</b>	1.5.26
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records				
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>	79.		<u>SMOKING</u>
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury			<input checked="" type="checkbox"/>	(d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality			<input checked="" type="checkbox"/>	(d)(8) Matches/lighters inaccessible
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			<input checked="" type="checkbox"/>	(d)(9) Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	81.		<u>TOILETING</u>

<b>HEALTH and SAFETY 19a-79-6a</b>							
<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code			<input checked="" type="checkbox"/>	(d)(10)(A) Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks			<input checked="" type="checkbox"/>	(d)(10)(B) Toileting needs met
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees			<input checked="" type="checkbox"/>	(d)(10)(C) Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths			<input checked="" type="checkbox"/>	(d)(10)(C) Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection			<input checked="" type="checkbox"/>	(d)(10)(E) Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies			<input checked="" type="checkbox"/>	(d)(10)(E) Handwashing staff/children
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities			<input checked="" type="checkbox"/>	(d)(10)(F) Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils			<input checked="" type="checkbox"/>	(d)(10)(G) Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated			<input checked="" type="checkbox"/>	(d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>	84.		<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>	86.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	87.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	59.	<input checked="" type="checkbox"/>	(c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	88.	(e)(3)	Water temperature 60°F-120°F
		<input checked="" type="checkbox"/>	(c) <u>FIRST AID SUPPLIES</u> -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"/>	89.	(e)(4)	Portable space heaters prohibited
		<input checked="" type="checkbox"/>	(d) <u>FIRST AID SUPPLIES</u> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>	90.	(e)(5)	<u>WALLS/CEILINGS/FLOORS/RUGS</u>
				<input checked="" type="checkbox"/>	91.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>	92.	(e)(6)	Rugs- not a tripping/slipping hazard
				<input checked="" type="checkbox"/>	93.	(e)(7)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>	94.	(e)(7)	<u>TELEPHONE/TELEPHONE NUMBERS</u>
				<input checked="" type="checkbox"/>	95.	(e)(7)	Working phone on each level
				<input checked="" type="checkbox"/>	96.	(e)(7)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>	97.	(e)(8)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>	98.	(e)(8)	<u>LIGHTING</u>
				<input checked="" type="checkbox"/>	99.	(e)(9)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>	100.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
				<input checked="" type="checkbox"/>	101.	(e)(9)	Enough lighting for comfort
				<input checked="" type="checkbox"/>	102.	(e)(10)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/>	103.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
				<input checked="" type="checkbox"/>	104.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>	105.	(e)(13)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>	106.	(e)(14-15)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>	107.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/>	108.	(e)(17)	Measures to prevent vermin
				<input checked="" type="checkbox"/>	109.	(e)(18)	Radon test- Results: 2.1 (Schls-N/A)
				<input checked="" type="checkbox"/>	110.	(f)(1)(A)	Carbon monoxide detector-each level N/A
				<input checked="" type="checkbox"/>	111.	(g)(1)	Program space-adequate-35 sq. ft. per child
				<input checked="" type="checkbox"/>	112.	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				<input checked="" type="checkbox"/>	113.	(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input checked="" type="checkbox"/>	114.	(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>	115.	(g)(4)	Developmentally app equipment, materials

<b>PHYSICAL PLANT 19a-79-7a</b>							
<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 4.28.23			<input checked="" type="checkbox"/>	(e)(9)
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved			<input checked="" type="checkbox"/>	(e)(9)
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free	<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
		<input checked="" type="checkbox"/>	(c)(5)(A) Lead Water Test - Date: 2-24-25	<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 2.1 (Schls-N/A)
		<input checked="" type="checkbox"/>	(c)(5)(B) Bact./Chem Test-Date: _____	<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	(c)(5)(C) Drinking water available/accessible	<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> - Building Pre-78 Y/N Lead Test Y/N Results no lead identified	<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/>	(c)(6)(A) Lead Management Plan _____	<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/>	(c)(6)(B-D) Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCED</u>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
		(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)

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

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

**SCHOOL AGE ENDORSEMENT 19a-79-11** (Y/N)

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



## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Connection II License # 15949 Date: 1-5-26Observations/Corrections needed:

- #1 Local health inspection dated 10-30-23, more than 2 years
- #18 10(g)(8) safe sleep policy not posted in "blue room" where infant was sleeping, spending day.
- #35 (i)(2)(A-H) consultant agreements, observed health and social service agreements to not be current and not have all required services
- observed health consultant agreement to be current, not including all required services.
- (F) logs not current for health and social service to indicate annual review of written policies, plans and procedures
- #36 Observed 6 out of 6 student enrollment forms to not have parent work addresses
- #39 Child Immunization record not current for 1 child present, missing documentation of current flu vaccine, Child in attendance during inspection
- #59(a) First Aid kits.  
indoor kit missing 2 instant cold packs  
outdoor kit missing 1 cold pack and square gauze
- #62 Observed Fire Marshal Certificate to be more than 1 year old

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: Jennifer Schurz  
(OEC Representative)  
Print Name: Jen Schurz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: J. Carasone  
(Person in Charge)  
Print Name: Jamie CarasoneOEC BY: 1-19-26

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Connection II License # 15949 Date: 1.5.26Observations/Corrections needed:

- #66 licensed premise - observed 2 microwaves in kitchen to have dried food inside
- observed dust, dirt and debris behind and around toilets in purple room and preschool rooms
- #88 walls: observed peeling contact paper in purple room with sticky surfaces exposed at childrens level
- #102 observed C.O detectors on second floor and in infant/toddler level on 1st floor to not be in working order
- #104 observed exposed bolts at base of toilets in purple room and preschool room.
- observed rusted and/or sharp protrusions along base of chain link fence in under 3 playground around perimeter.
- observed 4 exposed bolt ends on playground around gates.
- #121 adequate sinks - observed staff use hand wash only sink in purple under 3 class to rinse dishes.
- #128 diapering (c)(6-9) observed 2 garbage cans in blue room (infant/under 3 class) to not be covered.
- #130 (g)(3) Observed infant sleeping with bib on
- (g)(8) safe sleep policies - no documentation of parents being informed of safe sleep policies available/observed
- discuss - it using driveway/front yard/porch for children must have permission to use unlicensed space.

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: Jennifer Schultz  
(OEC Representative)Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jamie Carasone  
(Person in Charge)OEC BY: 1.19.26Print Name: Jamie Carasone