Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☒ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: A Place to Grow	License Number: pending	Date of Inspection: 12/8/22	Time of Arrival: 900
Address: 9 Avonwood Rd	Expiration Date: pending	Licensed Capacity:	Under 3 Capacity:
Town: Avon	Telephone: (860) 677-6929	# of children present: 40	# of staff present: 10 / lic. # 1678
Operator: BB True LLC	Director: Makayla Rainey		
Email: bbtruellc@gmail.com	Head Teacher: Makayla Rainey		
Hours of Operation: Monday-Friday 7am-6pm	Summer Care: Open		
Ages Served: 6 weeks-12years	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		

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

Licensure Procedures 19a-79-2a
- ☐ 1. Local Health Date: _____

Administration 19a-79-3a
- ☑ 2. New Staff-Employee Orientation
- ☑ 3. Annual Staff Policy Training
- ☑ 4. Documentation of Behavior M. Tech Discussed w/Parents
- ☑ 5. Notification of Change
- ☑ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- ☑ 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 6/3/22
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: N/A
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 12/27/08 Results: 1.2
- ☑ 15a. Developmental Milestones

Staffing 19a-79-4a
- ☑ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☑ 19. Designated Head Teacher/60%
- ☑ 20. Two Staff Present
- ☑ 21. Ratio: 1 Staff to 10 Children
- ☑ 22. Group Size: Maximum 20 Children
- ☑ 23. Designated Director/Training
- ☑ 24. CPR Certified Staff
- ☑ 25. First Aid Trained Staff

Consultants
- ☑ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	N/A	N/A

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☑ 28. Non-Swimmers Identified

Swimming cont.
- ☑ 29. Staff/Child Ratios
- ☑ 30. CPR Certified Staff (20 years of age)
- ☑ 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a
- ☑ 32. Enrollment Information
- ☑ 33. Emergency Medical Permission
- ☑ 34. Authorized Released Permission
- ☑ 35. Field Trip Permission
- ☑ 36. Transportation Permission
- ☑ 37. Child Health Records/Immunizations/TB
- ☑ 38. Individual Care Plan (Signed by Parent/Staff)
- ☑ 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a
- ☑ 40. Nutritious Snacks/Meals (Required Food Groups)
- ☑ 41. Proper Refrigeration
- ☑ 42. Kitchen Separated
- ☑ 43. Hand Washing Before Eating/Food Handling
- ☐ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a
- ☐ 45. License Premise: Clean/Good Repair/Hazard Free
- ☑ 48. Sanitary Drinking Fountains/Disposable Cups
  Water Supply: (Public)/Well
- ☑ 49. Lead Water Test Date: 2/1/22 / 10/14/22
  Bacterial/Chemical Test (Y/N) Date: _____
- ☑ 50. Walkways Maintained
- ☑ 51. Designated Staff Toilet/Sink
- ☑ 52. All Openings for Ventilation Screened
- ☑ 53. Windows Protected to Prevent Falls
- ☑ 54. Glass Protected to 36"
- ☑ 55. Overhead Doors Locking Devices/Spring Protectors
- ☑ 56. Exits/Hallways and Stairs Unobstructed
- ☑ 57. Individual Storage of Clothing/Bedding
- ☑ 58. Smoking Prohibited
- ☑ 59. Matches/Lighters Inaccessible
- ☑ 60. Electrical Safety: Outlets/Cords
- ☑ 61. Toileting Needs Met
- ☑ 62. Required Toilets/Sinks/Supplies
- ☑ 63. Potty Chairs: Nonporous/Emptied/Disinfected
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☑ 65. Ventilation in Toilet Room
- ☑ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:
Erin Wraight	prior to licensure	Bradi Balabuch
Print name: Erin Wraight		Print name: Bradi Balabuch

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:	License Number:	Date of Inspection:
A Place to Grow	pending	12/8/22

Physical Plant continued:

- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/(N))
- ☑ 80. Operable CO Detector on Each Level ((Y)/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/(N))
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/(N)) Sample Taken (Y/(N))
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs
  Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

Administration of Medications 19a-79-9a

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

Nonprescription Topical Medications

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage

- ☑ 107. Approved Petition For Special Med Authorization

Under Three Endorsement 19a-79-10

- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☑ 128. Alternate Sleep Position/Equip-Medical Document Y/(N)
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- ☑ 141. Play Space Fenced
- ☑ 142.Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11

- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☑ 145. Ratio: 1 Staff to 10 Children
- ☑ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)

n/a

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13 No children enrolled

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
Erin Waight	prior to licensure	Bradi Baldbuch

Print Name: Erin Waight

Print Name: Bradi Baldbuch

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Place to Grow License # pending Date: 12/8/22

Observations/Corrections needed:

See measurements on square footage report.

Infant 1 : 8 Toddler 3 : 8

Infant 2 : 8 Toddler 2 : 8 Capacity 56 with 38 under-3

Toddler 1 : 6 Preschool : 18

under-3 playground: OK 8	sinks: 9
preschool playground: OK group of 20	Toilets: 4

1. Local health approval not observed

44. observed incomplete portable first aid kit

45. observed 2 lights burnt out in Toddler 1, T3 couch with rips, large nail not flush on sandbox

Discussed: update emergency evacuation location, move mulch under equipment fall zones

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: Erin Waight
(OEC Representative) E. Waight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to licensure

Signature: Bradley Balabuch
(Person in Charge)

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

*30 sq/ft licensed prior 1986 (continuous basis)

A Place to Grow (Name of Program) — pending (License Number) — 12/8/2022 (Date of Measurements)

INDOOR SPACE

Room: Infant 1 (Name/Number): (19.2 x 15.5) + (___ x ___) + (___ x ___) + (___ x ___) = 297.6

Minus

Totals

Under 3 YES/NO — Deduction: (1.6 x 1.4) + (___ x ___) + (___ x ___) + (___ x ___) = 2.24

Totals

Description: Fridge

Total 295.5 ÷ 35/30 = 8.4 — OK for 8 children

Room: Infant 2 (Name/Number): (19.2 x 16) + (___ x ___) + (___ x ___) + (___ x ___) = 307.2

Minus

Totals

Under 3 YES/NO — Deduction: (1.6 x 1.6) + (___ x ___) + (___ x ___) + (___ x ___) = 2.56

Totals: 2.56

Description: fridge

Total 304.64 ÷ 35/30 = 8.7 — OK for 8 children

Room: Toddler 1 (Name/Number): (19.2 x 15.7) + (___ x ___) + (___ x ___) + (___ x ___) = 301.44

Minus

Totals

Under 3 YES/NO — Deduction: (7 x 6.8) + (1.9 x 2.9) + (1.6 x 3.7) + (___ x ___) = 59.03

Totals: 47.6 | 5.51 | 5.92

Description: bathroom | wall | fridge/cabinet

Total 242.41 ÷ 35/30 = 6.9 — OK for 6 children

Room: Toddler 3 (Name/Number): (27.7 x 19.4) + (___ x ___) + (___ x ___) + (___ x ___) = 537.38

Minus

Totals

Under 3 YES/NO — Deduction: (1.6 x 1.6) + (6.9 x 6.9) + (1.9 x 4.2) + (2.1 x .6) = 65.29

Totals: 2.56 | 47.61 | 7.98 | 1.26

Description: fridge | bathroom | wall | wall divider

-1.98 | -3.9

3.3 x .6 wall divider + 3 x 1.3 plumbing

Total 472.09 ÷ 35/30 = 13.4 — OK for 8 children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

A Place to Grow (Name of Program) | Pending (License Number) | 12/8/22 (Date of Measurements)

INDOOR SPACE

Room: Toddler 2 (Name/Number) : (19 x 19) + (x) + (x) + (x) = 361

Totals

Under 3 YES/NO

Deduction: (6.4 x 6.4) + (1.6 x 1.6) + (5.8 x 1.6) + (x) = 52.8 — Minus

Totals: 40.96 | 2.56 | 9.28

Description: bathroom | Fridge | window seat

Total 308.2 ÷ 35/30 = 8.8

OK for 8 children

Room: Preschool (Name/Number) : (23.6 x 33.2) + (x) + (x) + (x) = 783.52

Totals

Under 3 YES/NO

Deduction: (6.9 x 13.5) + (5.7 x 1.9) + (3 x 1.5 ⑧) + (2.6 x 2.6) = 127.28 — Minus

Totals: 93.15 | 10.83 | 9 | 6.76

Description: office/bath | wall | storage | fridge

+ 3.3 x 23 food prep area = 7.59

Total 656.24 ÷ 35/30 = 18.74

OK for 18 children

Room: Under 3 Playground (14 x 70) + (x) + (x) + (x) = 980

Totals

Under 3 YES/NO

Deduction: (x) + (x) + (x) + (x) = — Minus

Totals

Description

Total 980 ÷ 75 = 13

OK for 8 children

Room: Preschool Playground (41 x 52) + (x) + (x) + (x) = 2132

Totals

Under 3 YES/NO

Deduction: (x) + (x) + (x) + (x) = — Minus

Totals

Description

Total 2132 ÷ 75 = 28.4

OK for 28 children * groups of 20

Express the figure as whole number by rounding decimals down.

Sinks: 𝍸 ||||

Toilets: ||||