Connecticut Office of Early Childhood

DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	**BALLESTRINI'S EARLY LEARNING CENTER**			**License Number**	**DCCC.15427**	**Date of Inspection**	**07/10/2024**
				Expiration Date	**12/31/2025**	**Time of Inspection**	**10:00 AM**
Address	**11 CENTRE ST STE 2** **SALEM CT 06420-3845**			**Telephone**	**(860) 859-2273**	**Licensed Capacity**	**81**
				Hours of Operation	**FROM: 6:30AM TO: 6:00PM**	**Infant/Toddler Capacity**	**27**
Is this a Change of Address?	**Yes?**		**No?** **X**			**Summer Care**	**Open**
New Address				**Minimum Age Served**	**6 weeks**	**Maximum Age Served**	**12 years**
				Water Supply	**Public Well**		
				Program's Email	**ballestrini.childcare@gmail.com**		
Operator	**BALLESTRINI CHILD CARE LLC**			**Name of Inspector**	**Karen Kellerman**		
Director	**ANDREA BALLESTRINI**			**Inspector's Email**	**karen.kellerman@ct.gov**		
Key: Compliant = X Non-Compliant = O	**# of Infants – Toddlers Present** **20**	**# of Total Children Present** **37**	**# of Staff Present** **9**	**Type of Inspection**	**UNANNOUNCED INSPECTION - FULL**		

LICENSURE PROCEDURES 19a-79-2a

X	**1. Local Health Inspection** **Date: 04/12/2023**	
X	**1a. False or Misleading Statements**	

ADMINISTRATION 19a-79-3a

X	**1b. Administration**	
X	**1bb. Capacity**	
X	**2. New Staff – Employee Orientation**	
X	**3. Annual Staff Policy Training**	
X	**3b. Managing child behavior**	
X	**4. Documentation of Behavior M. Tech Discussed w/parents**	
X	**4b. Failure to report**	

X	**5. Notification of Change**	
X	**6. Program policies**	**Including discipline, supervision, child protection, general operating, personnel, closing time**
X	**7. Daily Attendance Records- staff and children**	

ITEMS POSTED – ACCESSIBLE

X	**8. License**	
X	**9. Fire Marshal certificate** **Date** 01/29/2024	
X	**10. OEC Complaint procedure**	
	11. Food Service Certificate **Date**	**N/A?** X
X	**12. Menus**	
X	**13. Emergency plans**	
X	**14. No Smoking Signs**	
X	**15. Radon Test** **Date** 01/23/2002 — **Results** 0	**N/A?**
X	**15a. Developmental Milestones**	
X	**15b. Access**	
X	**15bb. Endorsements**	

STAFFING 19a-79-4a

X	**15c. Staffing**	
O	**16. Staff Health records – TB tests**	**Failed to maintain current medical statements for 1 staff. . Failed to maintain TB tests for 2 staff**
O	**17. Professional development**	**Failed to document professional development for 3 staff, didn't observe 1% requirement.**
X	**18. Disciplinary actions**	
X	**18b. Background checks**	

X	**19. Designated Head Teacher**	
X	**20. Two Staff present**	
X	**20a. Staff Qualities**	
X	**21. Ratio: 1 staff to 10 children**	
X	**21b. Supervision**	
X	**22. Group Size – maximum 20 children**	
X	**23. Designated director - Training**	
X	**24. CPR Certified Staff (Group Home N/A)**	
X	**25. First Aid Trained Staff**	
X	**26. Consultants-Agreements and Contracts**	
X	**27. Logs – Visits documented**	

	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
	Contracts					
	Logs					

	Do they take children swimming? N	**SWIMMING**
X	**28. Non-swimmers identified**	
X	**29. Staff/Child Ratios**	
X	**30. CPR certified staff (20 years of age)**	
X	**31. Lifeguard certified - supervision**	

RECORD KEEPING 19a-79-5a

X	**32. Enrollment information**	
X	**33. Emergency medical permission**	
X	**34. Authorized release permission**	
X	**35. Field trip permission**	
X	**36. Transportation permission**	

O	**37. Child health records and immunizations**	**Failed to maintain current health records/ and immunizations for 1 child. . Failed to maintain documentation that 2 children have been screened for TB risk factors**
X	**38. Individual care plan (signed by parents and staff)**	
X	**39. Injury, Illness, Accident reports**	

HEALTH AND SAFETY 19a-79-6a

X	**40. Nutritious snacks and meals (required food groups)**	
X	**41. Proper refrigeration (max 45°)**	
X	**42. Kitchen separated**	**N/A?**
X	**43. Hand washing – before eating or food handling**	
X	**44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory**	

PHYSICAL PLANT 19a-79-7a

O	**45. License premises – clean, good repair, hazard free**	**Failed to maintain the building, equipment and services when observed water stain on ceiling in toddler bathroom. Dusty vents in 2 bathrooms in preschool bathroom.**
X	**47b. Plans for new construction, expansion, renovation or conversion**	
X	**48. Sanitary drinking fountains – disposable cups**	
X	**49. Lead Water Test (N/A?)** **09/10/2023**	**Bacterial/Chemical Test (N/A?)** **05/31/2024**
X	**50. Walkways maintained**	
X	**51. Designated staff toilet/sink**	
X	**52. All openings for ventilation screened**	
X	**53. Windows protected to prevent falls**	
X	**54. Glass protected up to 36”**	
X	**55. Overhead doors – locking devices, spring protectors**	
X	**56. Exits, Hallways and Stairs unobstructed**	

X	**57. Individual storage of clothing and bedding**	
X	**58. Smoking prohibited**	
X	**59. Matches and lighters inaccessible**	
X	**60. Electrical safety – outlets/cords**	
X	**61. Toileting needs met**	
X	**62. Required toilets, sinks, supplies**	
X	**63. Potty chairs – nonporous, emptied, disinfected**	
X	**64. Hand washing after toileting – staff and children**	
X	**65. Ventilation in toilet rooms**	
X	**66. Air temperature 65 degrees, thermometer affixed**	
X	**67. Water temperature 60° – 115°**	
X	**68. Portable space heaters**	
X	**69. Walls, ceilings, floors and rugs – clean, good repair**	
X	**70. Rugs secure**	
X	**71. Hot water, steam pipes protected**	
X	**72. Working phone on each level**	
X	**73. Emergency numbers posted**	
X	**74. Adequate lighting - 50/30 candle feet**	
X	**75. Light fixtures shielded, shatter proof**	
O	**76. Potentially hazardous substances locked**	**Failed to ensure that potentially hazardous substances are stored in a locked areas when observed awesome cleaning spray unlocked in art room and observed bleach (lock broken on cabinet door) in toddler 1 room.**
X	**77. Garbage, rubbish disposed daily**	

X	**78. Stairs protected, good repair, handrails**	
X	**79. Pets – maintained, care plan**	**Y/N** **Y**
X	**80. Operable CO detector on each level**	**N/A?** **N**
X	**81. Program space- adequate square footage per child**	
X	**82. Equipment clean, good repair, safe, non-toxic**	
X	**83. Cots stored, maintained, adequate number**	
X	**84. Developmentally appropriate equipment**	
X	**85. Hot tubs, spas, saunas – locked and inaccessible**	**Y/N** **N**
X	**86. No weapons, no facsimile of a firearm on premises**	
	OUTDOOR SPACE	
X	**87. Outdoor space - adequate square footage per child**	
X	**88. Impact absorbing material under equipment**	
O	**89. Playground free from hazards**	**Failed to ensure the playground is free of hazards when observed 2 protruding bolts in smaller preschool playground near pole.**
X	**92. Equipment anchored, safely arranged**	
X	**93. Outdoor play area protected, fenced**	
X	**94. Drinking water available, accessible**	
	EDUCATIONAL REQUIREMENTS 19a-79-8a	
X	**95. Written plan for daily program available to parents/staff**	
X	**96. Schedule – Activity choices and Program**	**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	
X	**97. Written policies, procedures**	
X	**98. Training outline on file**	

	NONPRESCRIPTION TOPICAL MEDICATIONS	
X	**99. Administration, parent permission, MAR**	
X	**100. Labeling, storage**	
	ORAL/TOPICAL/INHALENT MEDICATIONS	
X	**101. Med trained staff, certificates** **O/T/I** Y / **Injectable** Y	
X	**102. Authorized prescriber, parent permission, MAR**	
X	**103. Labeling, storage**	
X	**104. Unused, expired meds returned/disposed**	
	SELF-ADMINISTRATION	
X	**105. Authorized prescriber, parent permission, MAR**	
X	**106. Labeling, storage**	
X	**107. Approved petition for special medication authorization**	
Yes	**Is there an approved endorsement?**	**INFANT/TODDLER ENDORSEMENT 19a-79-10**
X	**109. Approved endorsement**	
X	**110. Ratio: 1 staff to 4 children**	
X	**111. Group size: no larger than 8**	
X	**112. Physical barriers, groups of 8 (indoors and outdoors)**	
X	**113. Adequate sinks in program space**	
X	**114. Free standing, well-constructed, safe cribs**	
X	**115. Washable cots**	
X	**116. Chairs for feeding, stable, safety straps, locking tray**	
X	**117. Developmentally appropriate tables, chairs, equipment**	
X	**118. Refrigerators and food prop facilities**	

X	**119. Diaper area- sturdy, safety rail, nonporous, exclusive use**	
X	**120. Diaper area- washed, disinfected**	
X	**121. Diaper area- disposable paper sheets**	
X	**122. Covered waste receptacle**	
X	**123. Diaper changing policy posted, followed**	
X	**124. Hand washing policy posted, followed**	
X	**125. Individual storage of personal items**	
X	**126. Cribs/cots washed and disinfected**	
X	**127. Under 12 months- placed on back for sleeping**	
X	**128. Alternate sleep position- equipment, medical documentation**	**Yes** / **No**: **X**
X	**129. Crib, bed used for infant sleeping**	
X	**130. Crib, bed free from observable hazards**	
X	**131. Infant toys separate, washed, disinfected daily**	
X	**132. No toys, objects less than 1/1/4" diameter**	
O	**133. Plastic bags, balloons, Styrofoam objects inaccessible**	**Failed to ensure plastic bags are not accessible to children in infant room in unlocked drawer accessible.**
X	**134. Health consultant, doc. of visits**	
X	**135. Infants held for bottles, indiv. attention, tummy time**	
X	**136. Written statement, feeding schedule from parent**	
X	**137. Unused portions of liquids discarded**	
X	**138. Clean Bottles, disp. bottles, approved bottle washing**	
X	**139. Food served from dish or whole jar served**	
X	**140. Bottles individually identified with child's name**	

OUTDOOR PLAY SPACE - UNDER THREE		
X	**141. Play space fenced**	
X	**142. Outdoor equipment developmentally appropriate**	
Yes	**Is there an approved endorsement?**	**SCHOOL AGE ENDORSEMENT 19a-79-11**
X	**143. Approved endorsement**	
X	**144. Activity choices appropriate**	
X	**145. Ratio – 1 staff to 10 children**	
X	**146. Group size – maximum 20 children**	
X	**147. Education Consultant appropriate**	
No	**Is there an approved endorsement?**	**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)**
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	**Child with diabetes enrolled?**	**MONITORING OF DIABETES 19a-79-13**
X	**154. Written policies and procedures**	
X	**155. On site staff trained in first aid, glucose testing**	
X	**156. Training current and documented**	
X	**157. Supervision of self-administration**	
X	**158. Equipment, supplies labeled and inaccessible**	

X	**159. Signed agreement with parents regarding equipment**	
X	**160. Materials discarded appropriately**	
X	**161. Authorized prescriber, parent permission**	
X	**162. Documentation of test results, actions taken**	
X	**163. Daily written parent notification**	

ADDITIONAL VIOLATIONS

X	**62. Consent Order - Negotiated Corrective Action Plan**	**N/A?**	

YES or NO? **Yes**	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

1 staff not observed documented for annual policy and procedure.
Stacking chairs and supervision with children.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Person in Charge)
Karen Kellerman		07/24/2024	Ashley McLaghlin
(Printed Name)	(Printed Name)		(Printed Name)