

**CHILD CARE CENTER / GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Inspector:	Richard Battles Day CARE	Date of Inspection:	12/03/24	Time:	9:25am
Address:	30 Battles Street	License Number:	15664	Effective Date:	9/30/25
City:	Hartford, Ct	Telephone Number:	860-549-4380	Hours of Operation:	Open
Operator:	Mt. Olive Child Development Inc	# of Staff Present:	22	# over 3 Present:	70
Contact:	Jolavia@mtolivedaycare.com	Total Capacity:	180	Total Under 3 capacity:	32
Inspector:	Julienne Davis	Hours/Days of Operation:	M-F 6:30am - 5:00pm	# under 3 Present:	27
		Ages Served:	12m to 8yrs		

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: 8/21/24

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 1. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 2. (b)	Overall management of program
<input checked="" type="checkbox"/> 3. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 4. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 5. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 6. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 7. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 8. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 9. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 10. (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> 11. (d)(2)(B)-C)	Discipline policy
<input checked="" type="checkbox"/> 12. (d)(3)	Child Protection policy
<input checked="" type="checkbox"/> 13. (d)(4)(A)	Closing time policy
<input checked="" type="checkbox"/> 14. (d)(4)(B)	Medical emergency policy
<input checked="" type="checkbox"/> 15. (d)(5)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> 16. (d)(6)	Supervision policy
<input checked="" type="checkbox"/> 17. (d)(6)(C)	General Operating policies
<input checked="" type="checkbox"/> 18. (d)(7)	Administrative Oversight policy
<input checked="" type="checkbox"/> 19. (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 20. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 21. (f)	<b>ACCESS</b>
<input checked="" type="checkbox"/> 22. (h)	Immediate access by parents
<input checked="" type="checkbox"/> 23. (i)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 24. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 25. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 26. (n)	Capacity
<input checked="" type="checkbox"/> 27. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 28. (e)(1)	<b>POSTINGS</b>
<input checked="" type="checkbox"/> 29. (e)(2)	License posted
<input checked="" type="checkbox"/> 30. (e)(3)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 31. (e)(4)	Menus posted
<input checked="" type="checkbox"/> 32. (e)(5)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 33. (e)(6)	OEC Inspection report posted or available
	Developmental Milestones posted

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

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records		
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions		
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks		
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance		
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing		
<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%		
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older		
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff		
<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>		
<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors		
<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios		
<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio		
<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors		
<input checked="" type="checkbox"/> 32. (d)(5)(A)	<b>GROUP SIZE</b>		
<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors		
<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors		
<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size		
<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training		
<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff		
<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff		
<input checked="" type="checkbox"/> 39. (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>		
<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation		
<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training		
<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours		
<input checked="" type="checkbox"/> 43. (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>		
<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios		
<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified		
<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older		
<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising		
<input checked="" type="checkbox"/> 48. (i)(2)	<b>CONSULTANTS</b>		
<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)		
	Consultant agreements-signed annually		
	Agreements complete w/required services		
	Consultant logs-documented activities, observations and required services		
	Consultant visits- Education/Health		
	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Richarda BATHA Day Care

15664

12/03/24

REGISTRATION 19a-79-7b

PHYSICAL PLANT 19a-79-7a cont

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

<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 (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 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/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>

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>6/30/24</u> N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<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 (Schl age only 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 checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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"/> 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<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)(D)	Required toilets/sinks-1:25 schl age only
<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 or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<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)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b>
<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(12)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(17)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(18)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (f)(1)(A)	Radon test- Results: <u>0.4 pCi/L</u> N/A
<input checked="" type="checkbox"/> (g)(1)	Results posted-Date: <u>01/16/21</u> (Schls-N/A)
<input checked="" type="checkbox"/> (g)(2)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(3)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
	Air conditioners, water heaters, fuse boxes inaccessible
	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>10/18/23</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 established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> <u>Public Well</u> (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>3/1/24</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan _____
		Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(16)	
<input checked="" type="checkbox"/> 96.	(e)(17)	
<input checked="" type="checkbox"/> 97.	(e)(18)	
<input checked="" type="checkbox"/> 98.	(e)(19)	
<input checked="" type="checkbox"/> 99.	(e)(20)	
<input checked="" type="checkbox"/> 100.	(e)(21)	
<input checked="" type="checkbox"/> 101.	(e)(22)	
<input checked="" type="checkbox"/> 102.	(e)(23)	
<input checked="" type="checkbox"/> 103.	(e)(24)	
<input checked="" type="checkbox"/> 104.	(e)(25)	
<input checked="" type="checkbox"/> 105.	(e)(26)	
<input checked="" type="checkbox"/> 106.	(e)(27)	
<input checked="" type="checkbox"/> 107.	(e)(28)	

**CHILD CARE CENTER and GROUP HOME HOME INSPECTION**

PROGRAM NAME: **RICHARDI BATHA Day Care**

INSPECTION NUMBER: **15664**

DATE OF INSPECTION: **12/03/24**

**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<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 type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>
	<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 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.		<b>OUTDOOR PROTECTED/FENCING</b>
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
		<b>WATER HAZARDS</b>
	<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

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (f)(2)	
	<input checked="" type="checkbox"/> (f)(3)	
	<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (g)(5)	<b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(6)	
<input checked="" type="checkbox"/> 132.	<input checked="" type="checkbox"/> (g)(7)	
<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 134.	(h)(1)	
<input type="checkbox"/> 135.	(h)(1)	
<input type="checkbox"/> 136.	(h)(2)	
	(h)(2)	
	(i)(1)(2A-C)	
	<input checked="" type="checkbox"/> (j)	
	<input checked="" type="checkbox"/> (k)(1)	<b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(2)	
<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(3)	
	<input checked="" type="checkbox"/> (k)(4)	
	<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/> 139.	(l)(1)	
	(l)(2)	
	(l)(3)	

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

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
	<input checked="" type="checkbox"/> (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, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

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

**SCHOOL AGE ENDORSEMENT 19a-79-11 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-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- 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-in compliance w/CPSC (manf. after 6/28/11)
<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.		<b>DIAPERING</b>
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - Page 4**

PROGRAM: Richardson Early Head Start Day Care LICENSE NUMBER: 15664 DATE OF INSPECTION: 12/3/24

**NIGHT CARE ENDORSEMENT 19a-79-12 (10-1-2010) MONITORING OF DIABETES 19a-79-12**

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

*(Handwritten: NA)*

**ADMINISTRATION OF MEDICATIONS 19a-79-9a (N) ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A

**DISCUSSIONS - COMMENTS**

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
<input type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file		
<input type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage		
<input type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation		
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <i>(N/A)</i>		

<b>SIGNATURE OF OEC STAFF</b>	<i>(Handwritten Signature)</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>(Handwritten Signature)</i>
<b>PRINTED NAME</b>	Johanne Dulo	<b>PRINTED NAME</b>	Julienne Davis

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 12/17/24 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Richard Battles Day License # 15664 Date: 12/3/24  
CareObservations/Corrections needed:All items on the inspection form were discussed and/or observed.

#40 Regulation was not in compliance when observed 3 children with medication and no care plan 5 care plans not signed by all staff caring for children.

#62 Regulation was not in compliance when observed and expired fire marshal certificate.

#111 Regulation was not in compliance when observed black tarp protruding (sticking) from ground on preschool playground.

#135 Regulation was not in compliance when observed no documented visit ~~for~~ health consultant for month of August and September (7/31/24-9/23/24) and for 3 weeks in November (11/11-11/18-11/25)

#161 Regulation was not in compliance when observed 2 medications without authorized prescriber's form and 4 expired form.

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: 

(OEC Representative)

Print Name: Johanne Dabo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: 12/17/24Print Name: Julienne Davis

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Richard Baffles Day Care License # 15664 Date: 12/3/24

Observations/Corrections needed:

#166 Regulation was not in compliance when observed  
2 expired medication and 2 medication not  
returned to parents

#2 Regulation was not in compliance when program  
failed to ensure the health and safety of 1 child  
when child has an authorized prescriber's form  
for diphenhydramine and medication not on site  
(child in attendance)

Discussion:

- > Policies (checklist left with program)
- > Consultant agreements complete with required  
services (1/1/25)
- > Health and safety training

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: [Signature]  
(OEC Representative)  
Print Name: Johanne I. De la

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/17/24

Signature: [Signature]  
(Person in Charge)  
Print Name: Julienne Davis