

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

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

Name:	The Cub	Inspection Date:	1/2/25	Time:	9:00 am
Address:	271 Enterprise Dr. Bristol, CT 06010	License Number:	Pending	Phone:	—
Operator:	BB Tru LLC	Telephone Number:	860-583-9391	Status:	Open
Contact:	bbtwllc@gmail.com	# of Staff Present:	—	# over 3 Present:	—
Inspector:	Makayla Rainey	Total Capacity:	—	Total Under 3 capacity:	—
		Hours/Days of Operation:	M-F 6:30am - 5:30pm		

Inspection Codes: **N/A** = Not applicable at all times **C** = Compliance **O** = Operator not in Compliance

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-79-2a**

- 1. (c)(8) Local Health Inspection-Date: 10/3/24
- 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 enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) 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-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(4)(D) **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
- 29. (d)(5) Designated director-training
- 30. (e)(1) CPR certified program staff
- 31. (f)(1) First aid certified program staff
- 32. (f)(2) **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 33. **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
- 34. (i)(1)(A)-(D) **CONSULTANTS**
  - (i) Consultants-Education, Health, Social Service, 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
- 35. (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	—	—	—

The Crub

Pending

1/2/25

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 82.	

Walkways maintained  
 Windows protected to prevent falls  
 Window screens (Schl age only- N/A)  
 Glass and mirrors protected to 36"  
 Overhead doors-locking devices, spring protectors N/A  
 Exits, stairs, hallways unobstructed  
 Individual storage of clothing/bedding  
 Smoking or vaping prohibited on premises/grounds  
 Matches/lighters inaccessible  
 Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)

HEALTH and SAFETY 19a-79-7a

<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>      </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 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)
<input checked="" type="checkbox"/>	(d)(10)(B)
<input checked="" type="checkbox"/>	(d)(10)(C)
<input checked="" type="checkbox"/>	(d)(10)(C)
<input checked="" type="checkbox"/>	(d)(10)(D)
<input checked="" type="checkbox"/>	(d)(10)(E)
<input checked="" type="checkbox"/>	(d)(10)(E)
<input checked="" type="checkbox"/>	(d)(10)(F)
<input checked="" type="checkbox"/>	(d)(10)(G)
<input checked="" type="checkbox"/>	(d)(10)(H)
<input checked="" type="checkbox"/> 83.	(d)(11)
<input checked="" type="checkbox"/> 84.	
<input checked="" type="checkbox"/> 85.	<input type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 87.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 88.	(e)(3)
<input checked="" type="checkbox"/> 89.	(e)(4)
<input checked="" type="checkbox"/> 90.	(e)(5)
<input checked="" type="checkbox"/> 91.	(e)(5)
<input checked="" type="checkbox"/> 92.	(e)(6)
<input checked="" type="checkbox"/> 93.	(e)(7)
<input checked="" type="checkbox"/> 94.	(e)(7)
<input checked="" type="checkbox"/>	(e)(8)
<input checked="" type="checkbox"/>	(e)(9)
<input checked="" type="checkbox"/>	(e)(9)
<input checked="" type="checkbox"/>	(e)(9)
<input checked="" type="checkbox"/>	(e)(10)
<input checked="" type="checkbox"/> 95.	(e)(11)
<input checked="" type="checkbox"/> 96.	(e)(12)
<input checked="" type="checkbox"/> 97.	(e)(13)
<input checked="" type="checkbox"/> 98.	(e)(14-15)
<input checked="" type="checkbox"/> 99.	(e)(16)
<input checked="" type="checkbox"/> 100.	(e)(17)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

**TOILETING**  
 Shared toilets/sinks-supervision plan  
 Toileting needs met  
 Potty chairs-nonporous, emptied, disinfected  
 Required toilets/sinks-1:16  
 Required toilets/sinks-1:25 schl age only  
 Toileting Supplies-Hand drying-Garbage  
 Handwashing staff/children  
 Toilets/sinks located-at the facility or licensed premises  
 Well lighted/ventilated toilet rooms  
 Mechanical ventilation (Grp Homes N/A)  
 Staff personal articles inaccessible

**AIR TEMPERATURE**  
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)  
 Air temp <65°F comfortable (Schl age only-N/A)  
 Air temp > 80 °F - ↑ fluids/ventilation  
 Water temperature 60 °F - 120 °F  
 Portable space heaters prohibited  
 Walls/ceilings/floors/rugs-clean/good repair  
 Rugs- not tripping/slipping hazard  
 Hot water/Steam pipes protected  
 Working phone on each level  
 Emergency numbers posted-adjacent to phones  
 Parents provided direct on site phone number

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/13/24</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 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.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>8/19/24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>      </u> N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y <sup>(N)</sup> Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y <sup>(N)</sup> Lead Test: Y <sup>(N)</sup>
<input checked="" type="checkbox"/>		Results <u>      </u>
<input checked="" type="checkbox"/>		Lead Management Plan <u>      </u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)
<input checked="" type="checkbox"/> 96.	(e)(11)
<input checked="" type="checkbox"/> 97.	(e)(12)
<input checked="" type="checkbox"/> 98.	(e)(13)
<input checked="" type="checkbox"/> 99.	(e)(14-15)
<input checked="" type="checkbox"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

**LIGHTING**  
 All areas min. 1 foot candle of lighting  
 Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible  
 Schl age only-lighting for comfort  
 Light fixtures shielded/shatter proof  
 Potentially hazardous substances, materials - labeled, inaccessible  
 Garbage/rubbish-disposed of daily, containers in good repair  
 Stairs-protected/good repair-handrails  
 Toxic plants/materials inaccessible  
 Pets or other animals-in good health, written care plan including access to children  
 Prevention of vermin-openings screened  
 Radon test- Results: 20.3 N/A  
 Results posted-Date: 8/13/24 (Schls-N/A)  
 Carbon monoxide detector-each level N/A  
 Program space-adequate-35 sq. ft. per child  
 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

**CHILD CARE CENTER HOME CARE HOME INSPECTION**

**PROGRAM NAME**

The Grib

**LICENSE NUMBER**

Pending

**DATE OF INSPECTION**

1/2/25

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

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

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

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**
  - (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
  - (b) Limited access to screen time/video games

- 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
- 139. (l)(3) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
  - (e)(1) Diaper area: elevated/sturdy/safety rail
  - (e)(2) Diaper area: used only for this purpose, located in the program area
  - (e)(3) Diaper area: non-porous surface/good repair
  - (e)(4) Diaper area: washed/disinfected after use
  - (e)(5) Diaper area: disposable paper sheets
  - (e)(6)(9) Covered waste receptacle-removed daily
  - (e)(7) Handwashing-staff/children
  - (e)(8) Diapering-Handwashing policies-posted/followed
  - (e)(10)(A-C) Cloth diapers-written plan developed

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

**CHILD CARE CENTER HOME INSPECTION**

<b>PROGRAM NAME</b>	The Crib	<b>LICENSE NUMBER</b>	Pending	<b>DATE OF INSPECTION</b>	1/2/25
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12)</b>			<b>MONITORING OF DIABETES 19a-79-13</b>		

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input checked="" type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>
<input type="checkbox"/>	(b)(6)	Individual cot/crib with bedding
<input checked="" type="checkbox"/>	(b)(6)(A)	Sleeping apparel/toiletries labeled
<input checked="" type="checkbox"/>	(b)(6)(B)	Required bedding
<input checked="" type="checkbox"/>	(b)(6)(C)	Required toiletries
<input checked="" type="checkbox"/>	(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input checked="" type="checkbox"/>	(b)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval

<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.		<b>STAFF TRAINING</b>
<input checked="" type="checkbox"/>	(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>	(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>	(i)-(iii)	
<input checked="" type="checkbox"/>	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>	(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 173.		Equipment provided by parents
<input type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/> 177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>
<input type="checkbox"/>	(a)(2)	Admin/Parent permission/report errors
<input type="checkbox"/>	(a)(3)(A-B)	Labeling and Storage
<input type="checkbox"/>	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>
<input checked="" type="checkbox"/>	(b)(1)(A/C)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>	(b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>	(b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/>	(b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>	(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>	(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution—permission and storage

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
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**DISCUSSIONS - COMMENTS**

N/A

<b>SIGNATURE OF OEC STAFF</b>	<i>Johanne Dabo</i>
<b>PRINTED NAME</b>	Johanne Dabo

<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>Brady Balabuch</i>
<b>PRINTED NAME</b>	Brady Balabuch

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: *Prior to operating*

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Crib License # Pending Date: 1/2/25

Observations/Corrections needed:

All items were observed and or discussed


Regulations were not in compliance when:

- #11 (d)(2)(A) Observed incomplete policies (discipline,  
(d)(4)(B) multi-hazards, supervision, administrative  
(d)(5) oversight  
(d)(6)(C)
- #67 Observed must in 3 microwaves (T1, T3, I1)
- #94 (ex9) Observed less than 30cf (rug block) and  
less than 50cf at table (T4)
- #111 (h)(2) Observed small slide on playground 1 and  
no impact absorbing material.
- #111 (h)(3) Observed broken plastic door inside play  
house.
- #130 (g)(8) Observed safe sleep policies not posted.
- #137 Observed fence measuring less than 48"  
(playground 1 49" to 46 / playground 2 44" / playground 3  
43 1/2 to 44")

Policy checklist given to program.

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: Johanne Dabo

Signature: Bradi J Balabuch

Print Name: Bradi Balabuch

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to operating

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Hub License # Pending Date: 1/2/25

Observations/Corrections needed:

Measurements:

Room 1 :  $(8.90 \times 6.44) + (26.58 \times 12) - (2.13 \times 2.62) = 370.7$   
(under 3) countertop + frdg.

$370.7 \div 35 = 10.59$  OK 10 2 yrs +

Room 2 :  $(16.50 \times 14.91) + (4.57 \times 11.76) = 299.76 \div 35 = 8.56$   
(under 3)

OK 8

Room 3 :  $(25.73 \times 14.93) - (3.39 \times 5.32) = 366.12 \div 35 = 10.46$   
(under 3) Bathroom

OK for 10 2 yrs +

Room 4 :  $(40.14 \times 26.84) - (4.92 \times 1.37) = 1,084.10 \div 35 = 30.97$   
(preschool) kitchen counter

OK for 30

Room 5 :  $(16.08 \times 19.26) - (3.38 \times 4.82) - (1.57 \times 2.11) = 290.1 \div 35 = 8.2$   
(under 3) Bathroom Storage

OK for 8

Room 6 :  $(24.89 \times 13.04) = 324.56 \div 35 = 9.27$   
(under 3)

OK for 8

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo

Signature: Bradi Balabuch  
(Person in Charge)  
Print Name: Bradi Balabuch

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: Return to operating

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Cub License # Pending Date: 1/2/25

Observations/Corrections needed:

Room 7 :  $(24.89 \times 13.36) - (2.11 \times 2.95) = 332.53 - 6.22 = 326.31$   
(under 3)  $326.31 \div 35 = 9.32$

OK for 8

Playground measurements

Playground 1 :  $(21.5 \times 18.9) = 406.35 \div 75 = 5.42$   
(under 3)

OK for 5

Playground 2 :  $(52.4 \times 21.5) = 1,126.6 \div 75 = 15.02$   
(under 3)

OK for 8 or 10

Playground 3 :  $(39.8 \times 69.5) - (16.3 \times 7.8) = 2,638.96 \div 75 = 35.19$   
<sub>shed</sub>

Playground 4 :  $(19.5 \times 39.8) = 776.10 \div 75 = 10.35$   
(under 3)

OK for 8 or 10

Toilets: 7 Total Capacity 78\* including: 52  
Sinks: 7+ <sub>under 3</sub>

\* Per zoning if increase capacity approval zoning needed from [signature]

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]

Print Name: Johanne J. Jabo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Bradi Balabuch

OEC BY: Power to operating

Print Name: Bradi Balabuch  
(Person in Charge)