



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	Blueberry Hill Preschool	Date of Inspection:	1/29/2025	Time of Arrival:	8:50 AM
Address:	18 Blueberry Hill Rd.	License Number:	Pending	Expiration Date:	Pending
Town:	Norwich, CT 06360-1410	Telephone Number:	860-222-8844	Summer Care:	Open
Operator:	Blueberry Hill Preschool LLC	# of Staff Present:	2	# over 3 Present:	0
Email:	blueberryhillpreschedllc@gmail.com	Total Proposed Capacity:	10	Total Under 3 capacity:	0
Designated Director:	Jennifer Lundberg	Hours/Days of Operation:	M-F 7AM-5PM	# under 3 Present:	0
Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation 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-79-4a cont.

<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: 12/24/2024	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
ADMINISTRATION 19a-79-3a		<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"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> (d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Discipline policy	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (e)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 30. (f)(1)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 31. (f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)	Personnel policies	<input checked="" type="checkbox"/> 33. (a)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (f)	Daily attendance-children/staff- keep 1 yr. ACCESS	<input checked="" type="checkbox"/> (h)(1)(2)	Documentation
<input checked="" type="checkbox"/> 14. (h)	Immediate access by parents	<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
<input checked="" type="checkbox"/> 15. (l)	Immediate access by OEC-facility/records	<input type="checkbox"/> (4)(C)(ii-v)	1% annual hours
<input checked="" type="checkbox"/> 16. (m)	2.8 yr olds enrolled in preschool-authorization	<input type="checkbox"/> (4)(C)(i)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17. (n)	Motor vehicle laws-transportation	<input type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 18. (o)	Capacity	<input type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 34. (i)(1)(A)-(D)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(2)	POSTINGS	<input checked="" type="checkbox"/> (i)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(3)	License posted	<input checked="" type="checkbox"/> (i)(2)(A-H)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (F)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(5)	Menus posted	<input checked="" type="checkbox"/> (i)(2)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances	<input type="checkbox"/> (H)(i)-(I)(i)	Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓		
Health	✓		
Soc. Serv.	✓		
Dietitian	N/A	N/A	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Blueberry Hill Preschool	Pending	1/29/2025
RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> (a)(2)(A-B) 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. TOILETING <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"/> 83. AIR TEMPERATURE <input checked="" type="checkbox"/> 84. (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> 85. (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> 86. (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 87. (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> 88. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 89. (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 90. (e)(6) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> 91. (e)(7) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 92. (e)(7) Working phone on each level <input checked="" type="checkbox"/> 93. (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> 94. (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> (e)(8) LIGHTING <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)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> 95. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 96. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 97. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 98. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 99. (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 100. (e)(17) Radon test- Results: 11/7/2023 N/A <input checked="" type="checkbox"/> 101. (e)(17) Results posted-Date: 1/29/25 (Schls-N/A) <input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <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	
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 N/A 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. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) FIRST AID SUPPLIES-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. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 12/23/2024 <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. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test – Date: 1/17/2025 <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: N/A N/A <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible <input checked="" type="checkbox"/> LEAD PAINT - <input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint – Y/N Inside/Outside <input checked="" type="checkbox"/> Building Pre-78: Y/N Lead Test: Y/N <input checked="" type="checkbox"/> Results: No lead identified <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan N/A <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Blueberry Hill Preschool	LICENSE NUMBER	Pending	DATE OF INSPECTION	1/29/2025
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111. <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> 114. N/A	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9) (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 129. <input checked="" type="checkbox"/> 130. N/A <input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134. <input type="checkbox"/> 135. <input type="checkbox"/> 136. N/A <input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	(f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 FEEDING 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
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EDUCATIONAL REQUIREMENTS 19a-79-8a	UNDER THREE ENDORSEMENT 19a-79-10 Y/N
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<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116. N/A	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan-developmentally appropriate EDUCATIONAL REQUIREMENTS 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 Limited access to screen time/video games	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 142. N/A <input type="checkbox"/> 143. <input type="checkbox"/> 144. <input type="checkbox"/> 145. <input type="checkbox"/> 146.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e) (f) (g)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/ followed Cloth diapers-written plan developed
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EDUCATIONAL REQUIREMENTS 19a-79-8a	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
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<input type="checkbox"/> 117. <input type="checkbox"/> 118. <input type="checkbox"/> 119. <input type="checkbox"/> 120. <input type="checkbox"/> 121. <input type="checkbox"/> 122. <input type="checkbox"/> 123. <input type="checkbox"/> 124. <input type="checkbox"/> 125. <input type="checkbox"/> 126. <input type="checkbox"/> 127. <input type="checkbox"/> 128. N/A	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(A-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(6)(9) (e)(7) (e)(8) (e)(10)(A-C)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/ followed Cloth diapers-written plan developed	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 142. N/A <input type="checkbox"/> 143. <input type="checkbox"/> 144. <input type="checkbox"/> 145. <input type="checkbox"/> 146.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e) (f) (g)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day 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 Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Blueberry Hill Preschool	LICENSE NUMBER	Pending	DATE OF INSPECTION	1/29/2025
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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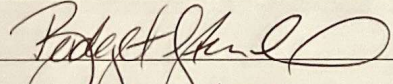
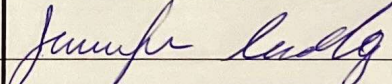
<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/>	(b)(1)(A) Staff training – first aid
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/>	(b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24			<input checked="" type="checkbox"/>	(b)(2) Training updated at least every 3 years
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available			<input checked="" type="checkbox"/>	(b)(3) Written documentation of training
<input checked="" type="checkbox"/>	153.		SLEEP PROVISIONS			<input checked="" type="checkbox"/>	(c)(2) Trained staff on site when child is present
		<input checked="" type="checkbox"/>	(b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		<input checked="" type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled				Equipment provided by parents
		<input checked="" type="checkbox"/>	(b)(6)(B) Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
		<input checked="" type="checkbox"/>	(b)(6)(C) Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input checked="" type="checkbox"/>	(b)(6)(D) Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
		<input checked="" type="checkbox"/>	(b)(7) Sleep arrangements for infants				Written authorization from parent
		<input checked="" type="checkbox"/>	(b)(8) Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
		<input checked="" type="checkbox"/>	(b)(9) Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	178.	(e)(2)	
		<input checked="" type="checkbox"/>	(b)(10) Local health approval	<input checked="" type="checkbox"/>	179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<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		N/A

NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS
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<input checked="" type="checkbox"/>	159.	<input checked="" type="checkbox"/>	(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.		MEDICATION TRAINING				
		<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 (N/A)				

SIGNATURE OF OEC STAFF			SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Budget Marrie	Jennifer Lundberg	PRINTED NAME

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 Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <u>prior to OEC approval</u>
CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Blueberry Hill Preschool License # Pending Date: 1/29/2025

Observations/Corrections needed:

Measurements for classroom

(counter)

$12.8 \times 8.3 + 14.4 \times 7.3 + 20.7 \times 7.8 - 8.9 \times 2 = 355.02 \div 35 = 10.1$ (ok 10)

Outside Measurements

$18.1 \times 53.7 = 971.97 \div 75 = 12.9$ (ok 10)

#60(c)(2): observed child cubby units to be unanchored

#36(e)(3): observed hot water temperature at classroom sink to be 134.1° and bathroom sink at 136.2°

#94(e)(9): observed lighting at tables, library and writing areas between 19-31 candle feet

Indoor capacity = 10 children

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: Bridget L. Moran

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: Pin to OEC approval

Print Name: Jennifer Lundberg