

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

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

Name:	Baby Beluga Group Home Daycare	Address:	3425	City:	850 am
Address:	43 BETTSWOOD Rd	Zip:	80025	Phone:	4-30-24
City:	NORWALK	Telephone Number:	2036675532	Hours:	Open
Operator:	Baby Beluga Family Daycare Inc	# of Staff Present:	3	# over 3 Present:	0
Contact:	mayra.garcia1100@gmail.com	Total Capacity:	12	Total Under 3 capacity:	12
Contact:	Mayra Garcia	Hours of Operation:	730am-530pm		

Inspection Codes: NA - Not applicable at this time V - Violation in Compliance O - Violation present

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 1-30-24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance																				
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios																				
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio																				
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	GROUP SIZE																				
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (f)(2)	Mixed age group-group size																				
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input type="checkbox"/> 36. (a)(2)	Designated director-training																				
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 37. (h)(1)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 39. (4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 40. (4)(C)(i)	Documentation																				
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 41. (e)(6)	Health & Safety training																				
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours																				
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 43. (i)(1)(A)-(D)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 44. (i)	Swimming-Ratios																				
<input checked="" type="checkbox"/> 18. (e)(1) License posted	<input checked="" type="checkbox"/> 45. (i)(2)(A-H)	Non-swimmers identified																				
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 46. (F)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> (e)(3) Menus posted	<input checked="" type="checkbox"/> 47. (i)(2)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 48. (H)(i)-(I)(i)	CONSULTANTS																				
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Consultants-Education, Health, Social Service, Dietitian (N/A)																				
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		Consultant agreements-signed annually																				
		Agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>NA</td> <td>NA</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓	✓	Health	✓	✓	✓	Soc. Serv.	✓	✓	✓	Dietitian	NA	NA	
	Contracts	Logs	Visits																			
Education	✓	✓	✓																			
Health	✓	✓	✓																			
Soc. Serv.	✓	✓	✓																			
Dietitian	NA	NA																				

Baby Belinda Brown Home Daycare

80025

3.4.25

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/> (a)(1)(D)(i)		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.		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"/> (e)(1)		AIR TEMPERATURE
<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)(8)		Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(9)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(10)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(11)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(12)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(13)		Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(14-15)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(16)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(17)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(18)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (f)(1)(A)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (g)(1)		Radon test- Results: <u>1.5</u> N/A
<input checked="" type="checkbox"/> (g)(2)		Results posted-Date: <u>11.9.21</u> (Schls-N/A)
<input checked="" type="checkbox"/> (g)(3)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(4)		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
<input checked="" type="checkbox"/> (g)(4)		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> (g)(4)		Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> (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 <u>N/A</u>
<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

<input checked="" type="checkbox"/> 83.		
<input checked="" type="checkbox"/> 84.		
<input checked="" type="checkbox"/> 85.		
<input checked="" type="checkbox"/> 86.		
<input checked="" type="checkbox"/> 87.		
<input checked="" type="checkbox"/> 88.		
<input checked="" type="checkbox"/> 89.		
<input checked="" type="checkbox"/> 90.		
<input checked="" type="checkbox"/> 91.		
<input checked="" type="checkbox"/> 92.		
<input checked="" type="checkbox"/> 93.		
<input checked="" type="checkbox"/> 94.		

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>44.79</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.		WATER SUPPLY - Public/Well. (Schools-N/A)
<input checked="" type="checkbox"/> (c)(5)(A)		Lead Water Test - Date: <u>12.28.23</u>
<input checked="" type="checkbox"/> (c)(5)(B)		Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/> (c)(5)(C)		Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/> (c)(6)(A)		Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> (c)(6)(B-D)		Building Pre-78: Y/N Lead Test: <u>N/A</u>
<input checked="" type="checkbox"/> (c)(6)(B-D)		Results <u>Abated</u>
<input checked="" type="checkbox"/> (c)(6)(B-D)		Lead Management Plan <u>N/A</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 96.		
<input checked="" type="checkbox"/> 97.		
<input checked="" type="checkbox"/> 98.		
<input checked="" type="checkbox"/> 99.		
<input checked="" type="checkbox"/> 100.		
<input checked="" type="checkbox"/> 101.		
<input checked="" type="checkbox"/> 102.		
<input checked="" type="checkbox"/> 103.		
<input checked="" type="checkbox"/> 104.		
<input checked="" type="checkbox"/> 105.		
<input checked="" type="checkbox"/> 106.		
<input checked="" type="checkbox"/> 107.		

PROGRAM NAME: Bubu Beluwa Group Home Daycare

LICENSE NUMBER: 81025

DATE OF INSPECTION: 3.4.25

PHYSICAL PLANS

UNDER THREE ENDORSEMENT 19a-79-10

<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 checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<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 checked="" 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.		OUTDOOR PROTECTED/FENCING
	<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
		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	
	<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)	
	<input checked="" type="checkbox"/> (g)(6)	
	<input checked="" type="checkbox"/> (g)(7)	
	<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 131.	(h)(1)	
<input checked="" type="checkbox"/> 132.	(h)(1)	
<input checked="" type="checkbox"/> 133.	(h)(2)	
<input checked="" type="checkbox"/> 134.	(h)(2)	
<input checked="" type="checkbox"/> 135.	(j)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.		

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	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<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

<input checked="" type="checkbox"/> 137.	
<input checked="" type="checkbox"/> 138.	
<input checked="" type="checkbox"/> 139.	

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)(A-iii)	Cribs-in compliance w/CPSC (mant. 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.		DIAPERING
	<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)
<input type="checkbox"/> 141.	(c)
<input type="checkbox"/> 142.	(c)(1)
	(c)(2)
	(c)(3)
<input type="checkbox"/> 143.	(d)
<input type="checkbox"/> 144.	(e)
<input type="checkbox"/> 145.	(f)
<input type="checkbox"/> 146.	(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%	

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME: Babu Beluan Grove Home Daycare **LICENSE NUMBER:** 80025 **DATE OF INSPECTION:** 3.4.25

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12a) Y/N: **MONITORING OF DIABETES 19a-79-13 Y/N:**

<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)	STAFF TRAINING
<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)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input checked="" 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 checked="" type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	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"/> 177. (e)(2)	Authorized prescriber written order
<input checked="" 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		


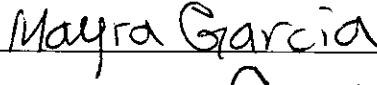
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N: **ADDITIONAL VIOLATION:**

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

DISCUSSIONS - COMMENTS

Regulation not in compliance when.
 33(h)(1)(2) - documentation on file does not demonstrate staff completing 1% of annual hours in P.D.

Discussion
 - New regulations
 - 1 child missing authorized release person on file
 - 1 child missing physician # on file
 - 1 child missing documentation of behavior m. techniques on file. (parent informed)

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lon Mangano	PRINTED NAME	Mayra Garcia

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: 3.18.25

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