



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:	Ballestrini's Daycare-Infant/Toddler	Date of Inspection:	3/12/2025	Time of Arrival:	9:35AM
Address:	90 Rope Ferry Rd.	License Number:	15158	Expiration Date:	7/31/2026
Town:	Waterford, CT 06385-2608	Telephone Number:	860-442-5073	Summer Care:	Open
Operator:	Ballestrini Child Care LLC	# of Staff Present:	5	# over 3 Present:	0
Email:	ballestrini.childcare@gmail.com	Total Capacity:	24	# under 3 Present:	17
Designated Director:	Andrea Ballestrini	Hours/Days of Operation:	Monday-Friday 6:30AM-6PM		

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.

1. (c)(8) Local Health Inspection-Date: 4/10/2023

**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

28. (d)(4)(D) Supervision-Indoors/Outdoors

29. **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

30. (e)(1) Designated director-training

31. (f)(1) CPR certified program staff

32. (f)(2) First aid certified program staff

33. **PROFESSIONAL DEVELOPMENT**

(a)(2) Documentation

(h)(1)(2) Health & Safety training

(h)(1)(2) 1% annual hours

34. **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

35. **CONSULTANTS**

(i)(1)(A)-(D) 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

(H)(i)-(l)(i)

	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	<i>Bellestrini's Day Care-Infant/Toddler</i>	LICENSE NUMBER	15158	DATE OF INSPECTION	3/12/2025
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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✓ 36.	(a)(1)(A-C)	Children's Enrollment information	✓ 72.	(d)(2)	Walkways maintained
✓ 37.		<b>PARENT PERMISSIONS</b>	✓ 73.	(d)(3)	Windows protected to prevent falls
	✓ (a)(1)(D)(i)	Emergency medical permission	✓ 74.	(d)(3)	Window screens (Schl age only- N/A)
	✓ (a)(1)(D)(ii)	Authorized release permission	✓ 75.	(d)(4)	Glass and mirrors protected to 36"
	✓ (a)(1)(D)(iii)	Field trip permission	✓ 76.	(d)(5)	Overhead doors—locking devices, spring protectors (N/A)
	✓ (a)(1)(D)(iv)	Transportation permission			
✓ 38.	(a)(2)(A-B)	Child Health Records	✓ 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
✓ 39.	(a)(2)(C)	Immunization records	✓ 78.	(d)(7)	Individual storage of clothing/bedding
✓ 40.	(a)(2)(E)	Individual care plan—signed by parents/staff	✓ 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
✓ 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports			Matches/lighters inaccessible
✓ 42.	(a)(3)(B)	Parent notification of illness or injury	✓ 80.	(d)(8)	Electrical safety—outlets inaccessible -covered or protected (Schl age only-N/A)
✓ 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	✓ 81.	(d)(9)	
✓ 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			<b>TOILETING</b>
✓ 45.	(a)(4)	Video recordings- keep 30 days	✓ 82.		Shared toilets/sinks—supervision plan

HEALTH and SAFETY 19a-79-6a

✓ 46.	(a)(1)	Preparation, transportation of food—follow DPH Model Food Code (N/A)			
✓ 47.	(a)(2)	Nutritious meals and snacks			
✓ 48.	(a)(3)	Proper refrigeration—41 degrees			
✓ 49.	(a)(4)	Menus—1 wk in advance- keep 3 mths			
✓ 50.	(a)(5)	Food Service Inspection (N/A)			
✓ 51.	(a)(6)	Kitchen—clean, safe storage of food/supplies			
✓ 52.	(a)(7)	Separate hand washing facilities	✓ 83.	(d)(10)(G)	Well lighted/ventilated toilet rooms
✓ 53.	(a)(8)	Multi-use eating/drinking utensils	✓ 84.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
✓ 54.	(a)(9)	Kitchen separated (Schl age only N/A)			Staff personal articles inaccessible
✓ 55.	(a)(10)	Children supervised during meal prep	✓ 85.	(e)(1)	<b>AIR TEMPERATURE</b>
✓ 56.	(a)(11)	Handwashing—staff/children			Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
✓ 57.	(b)(1)	Illness procedures—staff knowledgeable, children observed for signs/symptoms			Air temp <65°F comfortable (Schl age only-N/A)
✓ 58.	(b)(2)	Designated isolation area	✓ 86.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
✓ 59.	(c)	FIRST AID KITS—portable, accessible to staff, closed container—Indoor/Outdoor/Field Trips	✓ 87.	(e)(3)	Water temperature 60 °F – 120 °F
✓ 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	✓ 88.	(e)(4)	Portable space heaters prohibited
✓ 61.	(d)	FIRST AID SUPPLIES—addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	✓ 89.	(e)(5)	Walls/ceilings/floors/rugs—clean/good repair
			✓ 90.	(e)(6)	Rugs- not tripping/slipping hazard
			✓ 91.	(e)(7)	Hot water/Steam pipes protected
			✓ 92.	(e)(7)	Working phone on each level
			✓ 93.	(e)(7)	Emergency numbers posted—adjacent to phones
			✓ 94.	(e)(7)	Parents provided direct on site phone number

PHYSICAL PLANT 19a-79-7a

✓ 62.	(a)(2)	Fire marshal codes/certificate <i>3/12/2024</i>	✓ 95.	(e)(8)	All areas min. 1 foot candle of lighting
✓ 63.	(b)	Indoor/Outdoor space inspected/approved			Adequate lighting—30/50 candle feet—napping children—sufficient lighting to be visible
✓ 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion			Schl age only—lighting for comfort
✓ 65.	(b)(6)	Space not inspected/approved but used for field trips—written parent permission	✓ 96.	(e)(9)	Light fixtures shielded/shatter proof
✓ 66.	(c)(2)	Licensed premises—clean, good repair, hazard free, maintenance program established			Potentially hazardous substances, materials – labeled, inaccessible
✓ 67.	(c)(3)	Building/Equipment/Furnishings—sanitary, hazard free (Schl age only) (N/A)	✓ 97.	(e)(11)	Garbage/rubbish—disposed of daily, containers in good repair
✓ 68.	(c)(4)	Testing of premises/grounds for chemicals	✓ 98.	(e)(12)	Stairs—protected/good repair—handrails
✓ 69.		WATER SUPPLY – Public Well (Schools-N/A)	✓ 99.	(e)(13)	Toxic plants/materials inaccessible
	✓ (c)(5)(A)	Lead Water Test – Date: <i>3/16/2023</i>	✓ 100.	(e)(14-15)	Pets or other animals—in good health, written care plan including access to children
	✓ (c)(5)(B)	Bact./Chem Test—Date: (N/A)	✓ 101.	(e)(16)	Prevention of vermin—openings screened
	✓ (c)(5)(C)	Drinking water available/accessible	✓ 102.	(e)(17)	Radon test- Results: <i>11241998</i> (Schls-N/A)
✓ 70.		<b>LEAD PAINT</b>	✓ 103.	(e)(18)	Results posted—Date: <i>2.0</i> (Schls-N/A)
	✓ (c)(6)(A)	Peeling Paint – Y/N Inside/Outside	✓ 104.	(f)(1)(A)	Carbon monoxide detector—each level (N/A)
	✓ (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N	✓ 105.	(g)(1)	Program space—adequate—35 sq. ft. per child
		Results <i>No lead</i>	✓ 106.	(g)(2)	Equipment—clean and safe, good repair, non-toxic—sturdy, free from protruding nails, rust
		Lead Management Plan <i>NA</i>	✓ 107.	(g)(3)	Adequate equipment for rest—cleaned-cots (Grp Homes—mats/sleeping bags)
✓ 71.	(d)(1)	Emergency vehicle access			Air conditioners, water heaters, fuse boxes inaccessible

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

<b>PROGRAM NAME</b>	Belle Air Day Care-Infant/Toddler	<b>LICENSE NUMBER</b>	15158	<b>DATE OF INSPECTION</b>	3/12/2025
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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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.	(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 <b>OUTDOOR SPACE</b> 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 <b>OUTDOOR PROTECTED/FENCING</b> 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 <b>WATER HAZARDS</b> 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.  <input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 132. <input checked="" type="checkbox"/> 133. <input checked="" type="checkbox"/> 134.  <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.	<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"/> (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) (h)(1) (h)(1) (h)(2) (h)(2)  (i)(1)(2A-C)  <input checked="" type="checkbox"/> (j)  <input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5) (l)(1) (l)(2)  (l)(3)	<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 <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 <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
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<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	
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<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11)  (b)	Written daily/weekly educational plan-developmentally appropriate <b>EDUCATIONAL REQUIREMENTS</b> 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"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	
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<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>	<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>
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<input checked="" type="checkbox"/> 117. <input checked="" type="checkbox"/> 118. <input checked="" type="checkbox"/> 119. <input checked="" type="checkbox"/> 120. <input checked="" type="checkbox"/> 121.  <input checked="" type="checkbox"/> 122. <input checked="" type="checkbox"/> 123. <input checked="" type="checkbox"/> 124.  <input checked="" type="checkbox"/> 125. <input checked="" type="checkbox"/> 126. <input checked="" type="checkbox"/> 127. <input checked="" type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C)  (d)(2)(Ai-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 <b>DIAPERING</b> 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 type="checkbox"/> 140. <input type="checkbox"/> 141. <input type="checkbox"/> 142.  <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 <b>SCHEDULE - ACTIVITIES</b> 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**

<b>PROGRAM NAME</b>	<i>Ballo's Mini Day Care - Infant/Toddler</i>	<b>LICENSE NUMBER</b>	<i>15158</i>	<b>DATE OF INSPECTION</b>	<i>3/12/2025</i>
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<b>NIGHT CARE ENDORSEMENT 19a-79-12<sup>a</sup> (10pm-5am) Y/N</b>			<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>		
<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)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order		
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent		
<input type="checkbox"/> 155. (b)(9)	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"/> 156. (b)(10)	Fire marshal approval-hours specified				
<input type="checkbox"/> (b)(10)	Local health approval				

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

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions	N/A
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<i>N/A</i>		
<input type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	<p><i>Discussed new regulations and informed Director of how to access sample policies/procedures with coordinating the dietist to be used to come into compliance with October 2024 regulations.</i></p>		
<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)	<b>MEDICATION TRAINING</b>			
<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		

<b>SIGNATURE OF OEC STAFF</b>	<i>[Signature]</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>[Signature]</i>
<b>PRINTED NAME</b>	<i>BRIDGET J. MERRILL</i>	<b>PRINTED NAME</b>	<i>Andrea Rowe</i>

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: <i>3/20/2025</i>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ballestrini Day Care Infant/ Toddler License # 15153 Date: 3/12/2025

Observations/Corrections needed:

#35(i)(2)(A-H): observed health consultant agreement missing wording/language as specified in October 2024 regulations

#35(F): observed no documentation of annual policy/procedure/plan/program plan review by consultants

#123(e)(2): observed ~~out~~ smocks on diaper table

#159(a)(2): observed 1 diaper cream without parent permission form and 1 diaper cream parent permission form missing dates of administration

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. MERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

(Person in Charge)

OEC BY: 3/26/2025

Print Name: Andrea Rowe