

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

Babies 2 Buddies	4/30/25	7:55am
10 Chamberlain Hwy	70678	11/30/26
Berlin Ct 06037	0-351-3297	Open
Babies 2 Buddies LLC	# of Staff Present: 5	# over 3 Present: 10
dsuber@babies2buddies.com	Total Capacity: 104	Total Under 3 capacity: 56
Danielle Suber		# under 3 Present: 16 Ages 6 weeks - 12 years Served: 12 years M-F 7:00am - 6:00pm

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 1/9/25	<input 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"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11. <u>POLICIES-COMLETE/IMPLEMENTED</u>	<input type="checkbox"/> (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 29. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 30. (f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 31. (f)(2)	Designated director—training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input type="checkbox"/> 32. (f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/> 33. (a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 13. <u>ACCESS</u>	<input type="checkbox"/> (h)(1) <i>ok</i>	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input type="checkbox"/> (h)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - <input checked="" type="checkbox"/> Y/N</b>
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified
<input type="checkbox"/> 18. <u>POSTINGS</u>	<input type="checkbox"/> (i) -	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input type="checkbox"/> (i)(2)(A)-(H)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input type="checkbox"/> (F)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i)(2)	Consultants—Education, Health, Social Service, Dietitian <i>(Dietitian N/A)</i>
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Contracts Logs Visits
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Education 0 0 0
<input type="checkbox"/> 10(g)(8) Safe Sleep policy posted		Health 0 0 0
		Soc. Serv. 0 0 0
		Dietitian 1 1 0

Babies 2 Buddies

70678

4/30/25

RECORDS AND INFORMATION

<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"/> (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

HEALTH AND SAFETY

<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)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<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 (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 4/11/24
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (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"/> (c)(5)(A)	Lead Water Test - Date: 4/22/24
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y(N) Lead Test: Y(N) Results
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan
	<input checked="" type="checkbox"/>	Peeling Paint - Y(N) Inside/Outside

PHYSICAL PLANT (DPH-7A cont.)

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<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
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 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 and bedding
<input checked="" type="checkbox"/> 79.		<b>SMOKING</b>
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
	<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)(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
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<b>AIR TEMPERATURE</b>
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.		<b>TELEPHONE/TELEPHONE NUMBERS</b>
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.		<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: 0.5-0.9 (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, free from rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-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

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

**PROGRAM NAME**

Babies 2 Budochis

**LICENSE NUMBER**

70678

**INSPECTION DATE**

4/30/25

**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/FENCED**
  - (h)(7) Playground protected from traffic, water, gullies or other hazards
  - (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
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. **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)

- 128.
  - (e)(2)
  - (e)(3)
  - (e)(4)
  - (e)(5)
  - (e)(6-9)
  - (e)(7)
  - (e)(8)
  - (e)(10)(A-C)
- 129.
  - (f)(1)
  - (f)(2)
  - (f)(3)
  - (f)(4)
- 130.
  - (g)(1)
  - (g)(1)
  - (g)(1)
  - (g)(2)
  - (g)(3)
  - (g)(4)
  - (g)(5)
  - (g)(6)
  - (g)(7)
  - (g)(8)
- 131.
  - (h)(1)
  - (h)(1)
  - (h)(2)
  - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
  - (j)
  - (k)(1)
  - (k)(2)
  - (k)(3)
  - (k)(4)
  - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

- DIAPERING cont.**
- 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
- 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 - parents informed
- TOYS AND OTHER OBJECTS**
- 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-79-3a**

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 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, moderate and vigorous physical activity that takes place outdoors
  - (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

- 131.
  - (h)(1)
  - (h)(1)
  - (h)(2)
  - (h)(2)
- 135. (i)(1)(2A-C)
- 136.
  - (j)
  - (k)(1)
  - (k)(2)
  - (k)(3)
  - (k)(4)
  - (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

**UNDER THREE ENDORSEMENT 19a-79-10** YN

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
- 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

**SCHOOL AGE ENDORSEMENT 19a-79-11** YN

- 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

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

PROGRAM NAME: **Babies & Toddlers** NUMBER: **70678** DATE: **4/30/25**

SCHOOL AGE ENDORSEMENT 19-75-11 Y/N

MONITORING OF DIABETES 19-75-13

- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Designated Head teacher approved- 60%

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

NIGHT CARE ENDORSEMENT 19-75-12 (from 5-0) Y/N

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

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

ADDITIONAL VIOLATION

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

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**  
 "Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements".  
  
 NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC Staff: *Johanne Dalo*

Signature of person in charge: *Danielle Suber*

Printed Name: **Johanne Dalo**

Printed Name: **Danielle Suber**

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: **5/14/25**  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

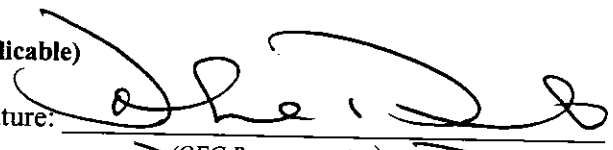
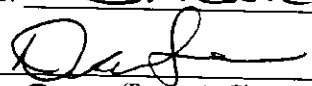
## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Babies 2 Buddies License # 70678 Date: 4/30/25Observations/Corrections needed:

- Regulation was not in compliance when...
- # 2(a): Observed a prescriber's order for d, phenhydramine and no medication on site
- # 18 10(g)(8): No safe sleep policy posted in infant room.
- # 19(a)(i): Observed 1 incomplete staff health records and 1 staff without health records
- # 27(a)(4)(A): Observed 11 preschoolers with 1 staff (Buddies 1)
- # 33(a)(2): Observed no documentation of professional development for 3 staff
- # 33(h)(2): Observed 3 staff with less than 1% of total hours worked of professional development.
- # 35(i)-(i)(2)(A-H): Observed agreements not current (Education & Social Service) and without required services (Provide copy)
- # 35(f): Observed no annual review of policies by Education and Social Service Consultant
- # 40(a)(2)(E): Observed 1 care plan not signed by parent and staff, 2 care plans without staff signatures and 1 child with asthma and no care plan.
- # 62(a)(2): Observed an expired Fox Marshal certificate

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: Shanne Dale  
(OEC Representative)Signature: Print Name: Danielle Suber  
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/14/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Babies 2 Buddies License # 70678 Date: 4/30/25

Observations/Corrections needed:

- #66(c)(2): Observed shelves not secured (Rm 2-6-Budd)  
rust in microwave (Bud 2).
- #95(e)(10): Observed bleach & water solution accessible  
to children in Bud 1 & 2 and Room 5.
- #111(h)(2): Program has powder in surface no document  
on air.
- #111(h)(4): Observed 6 screws protruding from  
fence
- #130(g)(8): No documentation of parents informed  
regarding safe sleep was ~~documented~~ <sup>observed</sup>.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/14/25

Signature: [Signature]  
(Person in Charge)  
Print Name: Danielle Suber