



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 Day Care Center	Date of Inspection:	5/15/2025	Time of Arrival:	9:50 AM
Address:	90 Rope Ferry Rd.	License Number:	14322	Expiration Date:	4/30/2026
Town:	Waterford, CT. 06385	Telephone Number:	860-442-2273	Summer Care:	Open
Operator:	Ballestrini Child Care LLC	# of Staff Present:	5	# over 3 Present:	21
Email:	ballestrini.childcare@gmail.com	Total Capacity:	45	Total Under 3 capacity:	4
Designated Director:	Andrea Ballestrini	Hours/Days of Operation:	Monday-Friday 6:30 AM - 6 PM		

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: 4/2/2025	
ADMINISTRATION 19a-79-3a		<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"/> (d)(4)(B) Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(D) Mixed age group--ratios
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> (d)(6) Nap time ratio
<input checked="" type="checkbox"/> 13.	(d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D) Supervision--Indoors/Outdoors
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	GROUP SIZE
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5) Group Size--Indoors/Outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(A) Group Size--school age field trips/outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> (d)(5)(B) Mixed age group--group size
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> (e)(1) Designated director--training
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance--children/staff- keep 1 yr. ACCESS	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 22.	(f)	Immediate access by parents	<input checked="" type="checkbox"/> (a)(2) Documentation
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (h)(1)(2) Health & Safety training
<input checked="" type="checkbox"/> 24.	(i)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (h)(1)(2) 1% annual hours
<input checked="" type="checkbox"/> 25.	(m)	Motor vehicle laws--transportation	<input checked="" type="checkbox"/> (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 26.	(n)	Capacity	<input checked="" type="checkbox"/> (4)(C)(i) Swimming-Ratios
<input checked="" type="checkbox"/> 27.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (e)(6) Non-swimmers identified
<input checked="" type="checkbox"/> 28.	(e)(1)	License posted	<input checked="" type="checkbox"/> (e)(6) CPR certified staff--age 20 or older
<input checked="" type="checkbox"/> 29.	(e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (e)(6) Lifeguard--certified--supervising
<input checked="" type="checkbox"/> 30.	(e)(3)	Menus posted	CONSULTANTS
<input checked="" type="checkbox"/> 31.	(e)(4)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(1)(A)-(D) Consultants--Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 32.	(e)(5)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> (i) Consultant agreements--signed annually
<input checked="" type="checkbox"/> 33.	(e)(6)	Developmental Milestones posted	<input checked="" type="checkbox"/> (i)(2)(A-H) Agreements complete w/required services
<input checked="" type="checkbox"/> 34.			<input checked="" type="checkbox"/> (F) Consultant logs--documented activities, observations and required services
<input checked="" type="checkbox"/> 35.			<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health
			<input checked="" type="checkbox"/> (H)(i)-(i)(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 Balustrini Day Care Center LICENSE NUMBER 14322 DATE OF INSPECTION 5/15/2025

RECORD KEEPING 19a-79-5 **PHYSICAL PLANT 19a-79-7a cont.**

36. (a)(1)(A-C) Children's Enrollment information
 37. (a)(1)(D)(i) PARENT PERMISSIONS
 (a)(1)(D)(ii) Emergency medical permission
 (a)(1)(D)(iii) Authorized release permission
 (a)(1)(D)(iv) Field trip permission
 (a)(1)(D)(v) Transportation permission
 38. (a)(2)(A-B) Child Health Records
 39. (a)(2)(C) Immunization records
 40. (a)(2)(E) Individual care plan-signed by parents/staff
 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
 42. (a)(3)(B) Parent notification of illness or injury
 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
 44. (a)(3)(D) Notify DPH, local health-reportable diseases
 45. (a)(4) Video recordings- keep 30 days

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
 53. (a)(8) Multi-use eating/drinking utensils
 54. (a)(9) Kitchen separated (Schl age only N/A)
 55. (a)(10) Children supervised during meal prep
 56. (a)(11) Handwashing-staff/children
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 58. (b)(2) Designated isolation area
 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 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
 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 8/12/2024
 63. (b) Indoor/Outdoor space inspected/approved
 64. (b)(1)-(5) Construction/expansion/renovation/conversion
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
 (c)(5)(B) Lead Water Test - Date: 3/13/2025
 (c)(5)(C) Bact./Chem Test-Date: N/A
 70. (c)(6)(A) LEAD PAINT
 Peeling Paint - N/A Inside/Outside
 Building Pre-78 N/A Lead Test N/A
 Results _____
 (c)(6)(B-D) Lead Management Plan _____
 71. (d)(1) Emergency vehicle access

72. (d)(2) Walkways maintained
 73. (d)(3) Windows protected to prevent falls
 74. (d)(3) Window screens (Schl age only- N/A)
 75. (d)(4) Glass and mirrors protected to 36"
 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
 78. (d)(7) Individual storage of clothing/bedding
 79. (d)(8) Smoking or vaping prohibited on premises/grounds
 80. (d)(8) Matches/lighters inaccessible
 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
 82. **TOILETING**
 (d)(10)(A) Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 (d)(10)(C) Required toilets/sinks-1-16
 (d)(10)(D) Required toilets/sinks-1:25 schl age only
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
 83. (d)(11) Staff personal articles inaccessible
 84. **AIR TEMPERATURE**
 85. (e)(1) Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
 (e)(1) Air temp <65°F comfortable (Schl age only-N/A)
 (e)(2) Air temp > 80°F - ↑ fluids/ventilation
 86. (e)(3) Water temperature 60°F - 120°F
 87. (e)(4) Portable space heaters prohibited
 88. (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 89. (e)(5) Rugs- not tripping/slipping hazard
 90. (e)(6) Hot water/Steam pipes protected
 91. (e)(7) Working phone on each level
 92. (e)(7) Emergency numbers posted-adjacent to phones
 93. (e)(7) Parents provided direct on site phone number
 94. **LIGHTING**
 (e)(8) All areas min. 1 foot candle of lighting
 (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 (e)(9) Schl age only-lighting for comfort
 (e)(9) Light fixtures shielded/shatter proof
 (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
 95. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 96. (e)(12) Stairs-protected/good repair-handrails
 97. (e)(13) Toxic plants/materials inaccessible
 98. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 99. (e)(16) Prevention of vermin-openings screened
 100. (e)(17) Radon test- Results: .5 N/A
 101. (e)(17) Results posted-Date: 4/25/1997 (Schls-N/A)
 102. (e)(18) Carbon monoxide detector-each level N/A
 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
 106. (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
 107. (g)(4) Developmentally app equipment, materials

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

PROGRAM NAME Bullockstrini Day Care Center LICENSE NUMBER 14322 DATE OF INSPECTION 5/15/2005

PHYSICAL PLANT 19a-79-7a cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (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 N/A
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
 - (b) Limited access to screen time/video games

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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 129. LINENS/CLOTHING
 - (f)(1) Linens/emergency clothing available
 - (f)(2) Linens washed weekly or as needed
 - (f)(3) Linens/clothing stored individually
 - (f)(4) Cribs/cots cleaned-linens changed when shared
- 130. SAFE SLEEP
 - (g)(1) Under 12 mths placed on back for sleeping
 - (g)(1) Crib-slug fitting mattress/tightly fitted sheet
 - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 - (g)(2) Infants allowed to adopt other sleep positions
 - (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 - (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
 - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - (g)(6) Observe/assess infants at least every 15 minutes
 - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 - (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys-separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4" diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. FEEDING
 - (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - (k)(1) Written feeding schedule from parent-updated
 - (k)(2) Unused formula/milk discarded after feedings
 - (k)(3) Clean bottles/disposable bottles/appvd washing
 - (k)(4) Baby food served from dish or whole jar
 - (k)(5) Bottles labeled with child's name
 - (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
 - (l)(3) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Ballesiini Day Care Center	LICENSE NUMBER	14322	DATE OF INSPECTION	5/15/2025
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	Y	MONITORING OF DIABETES 19a-79-13 Y/N	Y
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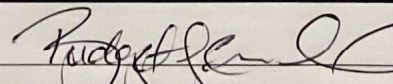
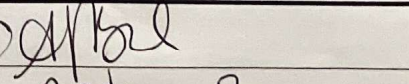
<input type="checkbox"/> 147. (b) Approved Night Care Endorsement <input type="checkbox"/> 148. (b)(1) Person in charge-head teacher <input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities <input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation <input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24 <input type="checkbox"/> 152. (b)(5) Staff awake and available <input type="checkbox"/> 153. SLEEP PROVISIONS <input type="checkbox"/> (b)(6) Individual cot/crib with bedding <input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled <input type="checkbox"/> (b)(6)(B) Required bedding <input type="checkbox"/> (b)(6)(C) Required toiletries <input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly <input type="checkbox"/> (b)(7) Sleep arrangements for infants <input type="checkbox"/> 154. (b)(8) Air temp 65 °F at 3 ft <input type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified <input type="checkbox"/> 156. (b)(10) Local health approval	<input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures <input checked="" type="checkbox"/> 172. STAFF TRAINING <input checked="" type="checkbox"/> (b)(1)(A) Staff training – first aid <input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions <input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years <input checked="" type="checkbox"/> (b)(3) Written documentation of training <input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present <input checked="" type="checkbox"/> (c)(3) Self-administration - written authorization and under supervision of trained staff <input checked="" type="checkbox"/> 174. (d)(1) Equipment provided by parents <input checked="" type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible <input checked="" type="checkbox"/> 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded <input checked="" type="checkbox"/> 177. (e)(1) Authorized prescriber written order <input checked="" type="checkbox"/> 178. (e)(2) Written authorization from parent <input checked="" type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	Y	ADDITIONAL VIOLATION	
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<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures <input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes <input checked="" type="checkbox"/> 159. NONPRESC. TOPICAL MEDICATION <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	<input checked="" type="checkbox"/> 180. -- Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

Discussed new regulations and provided information on accessing sample policies on OEC website with coordinating checklist to be used to bring current policies into compliance with October 2024 regulations. Discussed- Adding separate child address to enrollment form, getting Health consultant sign off on annual review. Program has sister sites with same policies. Viewed sign off of annual review from another site. Light cover on main level is cracked, water test must be from 2 separate sources

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	BRIDGET MEARM	PRINTED NAME	Andrea Rowe

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: 5/21/2025	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ballestrini Day Care Center License # 14322 Date: 5/15/05

Observations/Corrections needed:

#111(n)(2): observed less than 8 inch shock material under multicolored slide/
climber

Multiple horizontal lines for additional observations or corrections.

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

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

Signature: [Signature]

Print Name: ROBERT MERRIN

Signature: [Signature]

Print Name: Andrea Rowe

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/29/05