

CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

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

| | | | | | |
|------------------------------|--|---------------------|-----------------------|-------------------------|----------|
| Lorry's Butterfly Garden | | Date of Inspection: | 10-23-25 | Time: | 11:40 am |
| 145 Bucks Hill Rd. | | License #: | pending | Phone: | n/a |
| Waterbury 06704 | | Phone: | 203-725-7834 | Status: | open |
| Lorry's Butterfly Garden LLC | | # of Staff Present: | 2 | # over 3 Present: | 0 |
| Loric 3262@gmail.com | | Total Capacity: | 92 | Total Under 3 capacity: | 34 |
| Lorraine Medina | | # under 3 Present: | 0 | # under 3 Present: | 0 |
| | | Ages Served: | 6 weeks to 12 yrs | | |
| | | Hours of Operation: | M-F 7:00am to 5:00 pm | | |

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

INSPECTION PROCEDURES

1. (c)(8) Local Health Inspection-Date: 10/2/25

- 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 in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

STAFFING

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) 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
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 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
 - (e)(1) Designated director-training
 - (f)(1) CPR certified program staff
 - (f)(2) First aid certified program staff
- 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 of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 34. (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N
 - (4)(C)(i) Swimming-Ratios
 - (e)(6) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A)-(D) CONSULTANTS
 - (i) - Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

| | Contracts | Logs | Visits |
|------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian | n/a | n/a | <input checked="" type="checkbox"/> |

RECORDS

| | | |
|-----|-----------------|--|
| 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 |
| 38. | (a)(2)(A-B) | Transportation permission |
| 39. | (a)(2)(C) | Child Health Records |
| 40. | (a)(2)(E) | Immunization records |
| 41. | (a)(3)(A) | Individual care plan-signed by parents/staff |
| 42. | (a)(3)(B) | Injury, Illness, Incident, Accident reports |
| 43. | (a)(3)(C)(i-ii) | Parent notification of illness or injury |
| 44. | (a)(3)(D) | Notify OEC of serious injuries, fatality |
| 45. | (a)(4) | Notify DPH, local health-reportable diseases Video recordings- keep 30 days |

PHYSICAL PLANT

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|-----|---------|---|
| 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(N/A) |
| 52. | (a)(7) | Separate hand washing facilities |
| 53. | (a)(8) | Multi-use eating/drinking utensils |
| 54. | (a)(9) | Kitchen separated (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 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

PHYSICAL PLANT

| | | |
|-----|-------------|---|
| 62. | (a)(2) | Fire marshal codes/certificate <u>4123125</u> |
| 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 |
| 67. | (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free (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: <u>9/3/25</u> |
| | (c)(5)(C) | Bact./Chem Test-Date: _____ (N/A) |
| 70. | (c)(6)(A) | Drinking water available/accessible |
| | (c)(6)(B-D) | LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y(N) Results _____ Lead Management Plan _____ |
| | | Peeling Paint - Y(N) Inside/Outside |

| | | |
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| 71. | (d)(1) | Emergency vehicle access |
| 72. | (d)(2) | Walkways maintained |
| 73. | (d)(3) | Windows protected to prevent falls |
| 74. | (d)(3) | Window screens |
| 75. | (d)(4) | Glass/mirrors protected- 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 and bedding |
| 79. | (d)(8) | SMOKING |
| | (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| 81. | (d)(9) | Matches/lighters inaccessible |
| 82. | (d)(9) | Electrical safety - outlets inaccessible - covered or protected |
| | (d)(10)(A) | TOILETING |
| | (d)(10)(B) | Shared toilets/sinks-supervision plan |
| | (d)(10)(C) | Toileting needs met |
| | (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | (d)(10)(E) | Required toilets/sinks-1:16 |
| | (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| | (d)(10)(E) | Handwashing staff/children |
| | (d)(10)(F) | Toilets/sinks located at the facility |
| | (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | (d)(10)(H) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A) |
| 83. | (d)(11) | Staff personal articles inaccessible |
| 84. | (e)(1) | AIR TEMPERATURE |
| | (e)(1) | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall |
| | (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| | (e)(3) | Water temperature 60°F-120°F |
| | (e)(4) | Portable space heaters prohibited |
| | (e)(5) | WALLS/CEILINGS/FLOORS/RUGS |
| | (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| | (e)(5) | Rugs- not a tripping/slipping hazard |
| | (e)(6) | Hot water/Steam pipes protected |
| 90. | (e)(7) | TELEPHONE/TELEPHONE NUMBERS |
| 91. | (e)(7) | Working phone on each level |
| | (e)(7) | Emergency numbers posted-adjacent to phones |
| | (e)(7) | Parents provided direct on site phone number |
| 94. | (e)(8) | LIGHTING |
| | (e)(8) | All areas min. 1 foot candle of lighting |
| | (e)(9) | Adequate lighting-30/50 candle feet- sufficient lighting to be visible |
| | (e)(9) | Enough 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) | Measures to prevent vermin |
| 100. | (e)(17) | Radon test- Results: <u>1.1</u> (Schls-N/A) |
| 101. | (e)(18) | Carbon monoxide detector-each level N/A |
| 102. | (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| 103. | (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| 104. | (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) |
| 105. | (g)(3) | Air conditioners/water heaters/fuse boxes inaccessible |
| 106. | (g)(3) | Developmentally app equipment, materials |
| 107. | (g)(4) | |

Lomy's Butterfly Garden

DCETS NUMBER

INSPECTION DATE

10-23-25

PHYSICAL PLANT INSPECTION

UNDER THREE ENDORSEMENT 19a-79-8a

| | | | |
|-------------------------------------|------|-----------|--|
| <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 play, 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/FENCED |
| <input checked="" type="checkbox"/> | | (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| <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"/> | | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier (N/A) |
| <input checked="" type="checkbox"/> | 114. | | WATER HAZARDS |
| <input checked="" type="checkbox"/> | | (i) | Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A) |
| <input checked="" type="checkbox"/> | | (i) | Wading pools prohibited |
| <input checked="" type="checkbox"/> | | (i) | Hot tubs/spas/saunas-locked/inaccessible (N/A) |

EDUCATIONAL REQUIREMENTS 19a-79-8a

| | | | |
|-------------------------------------|------|-------------|--|
| <input type="checkbox"/> | 115. | (a) | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents |
| <input type="checkbox"/> | 116. | (c)(1)-(11) | EDUCATIONAL REQUIREMENTS |
| <input checked="" type="checkbox"/> | | (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, moderate and vigorous physical activity that takes place outdoors |
| <input checked="" type="checkbox"/> | | (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 |

UNDER THREE ENDORSEMENT 19a-79-10

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|-------------------------------------|------|----------------|--|
| <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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) |
| <input checked="" type="checkbox"/> | 120. | (c)(4) | Physical barriers separating each group of children- 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)(Ai-iii) | Cribs/Pack-n-Plays -in compliance w/CPSC |
| <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. | (e)(1) | DIAPERING Diaper area: elevated/sturdy/safety rail |

| | | | |
|-------------------------------------|------|--------------|--|
| <input checked="" type="checkbox"/> | 128. | (e)(2) | |
| <input checked="" type="checkbox"/> | | (e)(3) | |
| <input checked="" type="checkbox"/> | | (e)(4) | |
| <input checked="" type="checkbox"/> | | (e)(5) | |
| <input checked="" type="checkbox"/> | | (e)(6-9) | |
| <input checked="" type="checkbox"/> | | (e)(7) | |
| <input checked="" type="checkbox"/> | | (e)(8) | |
| <input checked="" type="checkbox"/> | | (e)(10)(A-C) | |
| <input checked="" type="checkbox"/> | 129. | (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. | (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"/> | | (h)(1) | |
| <input checked="" type="checkbox"/> | | (h)(2) | |
| <input checked="" type="checkbox"/> | | (h)(2) | |
| <input checked="" type="checkbox"/> | 135. | (i)(1)(2A-C) | |
| <input checked="" type="checkbox"/> | 136. | (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) | |
| <input checked="" type="checkbox"/> | 137. | (l)(1) | |
| <input checked="" type="checkbox"/> | 138. | (l)(2) | |
| <input checked="" type="checkbox"/> | 139. | (l)(3) | |

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| 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/toddler |
| 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 |

SCHOOL AGE ENDORSEMENT 19a-79-11

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|-------------------------------------|------|--------|--|
| <input checked="" type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> | 141. | (c) | SCHEDULE - ACTIVITIES |
| <input checked="" type="checkbox"/> | | (c)(1) | Written daily program plan-flexible schedule- available to staff/parents |
| <input checked="" type="checkbox"/> | | (c)(2) | Activities not a duplication of child's day |
| <input checked="" type="checkbox"/> | | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children |
| <input checked="" type="checkbox"/> | | (d) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (d) | Ratio- 1:15 |
| <input checked="" type="checkbox"/> | 144. | (e) | Group size- max. 30 |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | | | |
|---------------------|--------------------------|-----------------------|---------|---------------------------|----------|
| PROGRAM NAME | Lorry's Butterfly Garden | LICENSE NUMBER | pending | DATE OF INSPECTION | 10-23-25 |
|---------------------|--------------------------|-----------------------|---------|---------------------------|----------|

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|---|---|
| SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N) <input checked="" type="checkbox"/> | MONITORING OF DIABETES 19a-79-13 (Y/N) <input checked="" type="checkbox"/> |
|---|---|

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|-------------------------------------|------|-----|---|--------------------------|------|-----------|---|
| <input checked="" type="checkbox"/> | 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <input type="checkbox"/> | 171. | (a)(1) | Written policies and procedures |
| <input checked="" type="checkbox"/> | 146. | (g) | Designated Head teacher approved- 60% | <input type="checkbox"/> | 172. | (b)(1)(A) | STAFF TRAINING |
| | | | | | | (b)(1)(B) | Staff training – first aid |
| | | | | | | (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |

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| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) (Y/N) <input checked="" type="checkbox"/> | <input type="checkbox"/> (b)(2) Training updated at least every 3 years <input type="checkbox"/> (b)(3) Written documentation of training |
|--|--|

| | | | | | | | |
|--------------------------|------|------------------------------------|--|--------------------------|------|--------|--|
| <input type="checkbox"/> | 147. | (b) | Approved Night Care Endorsement | <input type="checkbox"/> | 173. | (c)(3) | Trained staff on site when child is present |
| <input type="checkbox"/> | 148. | (b)(1) | Person in charge-head teacher | <input type="checkbox"/> | 174. | (d)(1) | Self-administration - written authorization and under supervision of trained staff |
| <input type="checkbox"/> | 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input type="checkbox"/> | 175. | (d)(2) | Equipment provided by parents |
| <input type="checkbox"/> | 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | <input type="checkbox"/> | 176. | (d)(3) | Equipment labeled and inaccessible |
| <input type="checkbox"/> | 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | <input type="checkbox"/> | 177. | (e)(1) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| <input type="checkbox"/> | 152. | (b)(5) | Staff awake and available | <input type="checkbox"/> | 178. | (e)(2) | Authorized prescriber written order |
| <input type="checkbox"/> | 153. | | SLEEP PROVISIONS | <input type="checkbox"/> | 179. | (e)(3) | Written authorization from parent |
| | | <input type="checkbox"/> (b)(6) | Individual cot/crib with bedding | | | | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| | | <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 | | | | |

| | |
|--|-----------------------------|
| ADMINISTRATION OF MEDICATIONS 19a-79-9a (Y/N) <input checked="" type="checkbox"/> | ADDITIONAL VIOLATION |
|--|-----------------------------|

| | | | | | | | |
|-------------------------------------|------|------|--|--------------------------|------|-------|--|
| <input checked="" type="checkbox"/> | 157. | (9a) | Written medication policies/procedures | <input type="checkbox"/> | 180. | - n/a | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
| <input checked="" type="checkbox"/> | 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | | |

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

| | | | |
|-------------------------------|-------------|--------------------------------------|-----------------|
| Signature of OEC staff | Betty Mayer | Signature of person in charge | Lorraine Medina |
| Printed Name | Betty Mayer | Printed Name | Lorraine Medina |

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lorry's Butterfly Garden License # pending Date: 10.23.25

Observations/Corrections needed:

Classroom Measurements

Infant 1 counter fridge
 $30.79 \times 17.11 - (2.15 \times 5.15) - (2.71 \times 2.33) = 509.43/35 = 14.55$

OK 8

Infant 2 counter fridge bathroom
 $16.41 \times 37.41 - (2.13 \times 5.12) - (2.71 \times 2.33) - (7.77 \times 5.55) - (4.13 \times 30.79)$
 $= 426.39/35 = 12.18$ OK 8

Toddlers fridge counter
 $18.64 \times 17.94 - (2.58 \times 2.32) - (2.11 \times 5.03) = 339.02/35 = 9.68$

OK 8

Younger Preschool counter fridge
 $26.68 \times 19.43 - (8.28 \times 12.01) - (2.15 \times 5.01) - (2.74 \times 2.49) = 401.35/35$
 $= 11.46$ OK 10 TWO'S or 8 under two

Preschool 1 kitchen bath counter
 $37.42 \times 26.17 - (13.54 \times 8.46) - (5.59 \times 7.36) - (2.15 \times 5.01) -$
 $(2.74 \times 2.49) = 805.99/35 = 23.02$
fridge OK 23

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: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lorraine Medina
(Person in Charge)OEC BY: prior to licensurePrint Name: Lorraine Medina

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lorry's Butterfly Garden License # pending Date: 10.23.25

Observations/Corrections needed:

Preschool 2wall

$$37.32 \times 24.69 - (7.69 \times 4.51) - (6.64 \times 6.49) - (7.65 \times 9.47) -$$

$$(2.53 \times 2.42) - (5.03 \times 2.14) = 754.32 / 35 = 21.55 \quad \boxed{\text{OK 21}}$$

fridgecounterSchool Agebathroomcaboffice area

$$37.39 \times 18.14 - (8.10 \times 5.42) - (1.37 \times 7.95) - (7.56 \times 12.51) -$$

$$(2.56 \times 7.48) - (1.29 \times 2.36) = 505.56 / 35 = 14.44$$

fridge/countercabinetOK 14Playgroundunder 3 (Grassy Area)

$$40 \times 15.8 = 632 / 75 = 8.42 \quad \boxed{\text{OK 8}}$$

over 3 (Grassy Area)

$$40 \times 35.3 = 1,412 / 75 = 18.82 \quad \boxed{\text{OK 18}}$$

Black top

$$45.7 \times 17.8 = 813.46 / 75 = 10.84 \quad \boxed{\text{OK 10}}$$

Toiletssinks

+++||

+++ +++ ||||

Total license

capacity

92 with 34 under 3

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: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lorraine Medina
(Person in Charge)OEC BY: prior to licensurePrint Name: Lorraine Medina

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lorry's Butterfly Garden License # pending Date: 10.23.25

Observations/Corrections needed:

#11 Program policies not observed (send copies).

#18 3a(e)(2) complaint procedure not posted.

3a(d)(6)(c) Administrative oversight policy not posted.

3a(e)(3) Snack menu not posted.

7a(e)(17) radon test not posted.

#91 Emergency numbers not posted.

#115 written daily/weekly educational plan not observed.

#116 Educational flexible schedule not observed.

#137 under 3 playground fence observed to be less than 4 feet. Observed at 3 ft 7 inches.

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: Betty mayer
(OEC Representative)

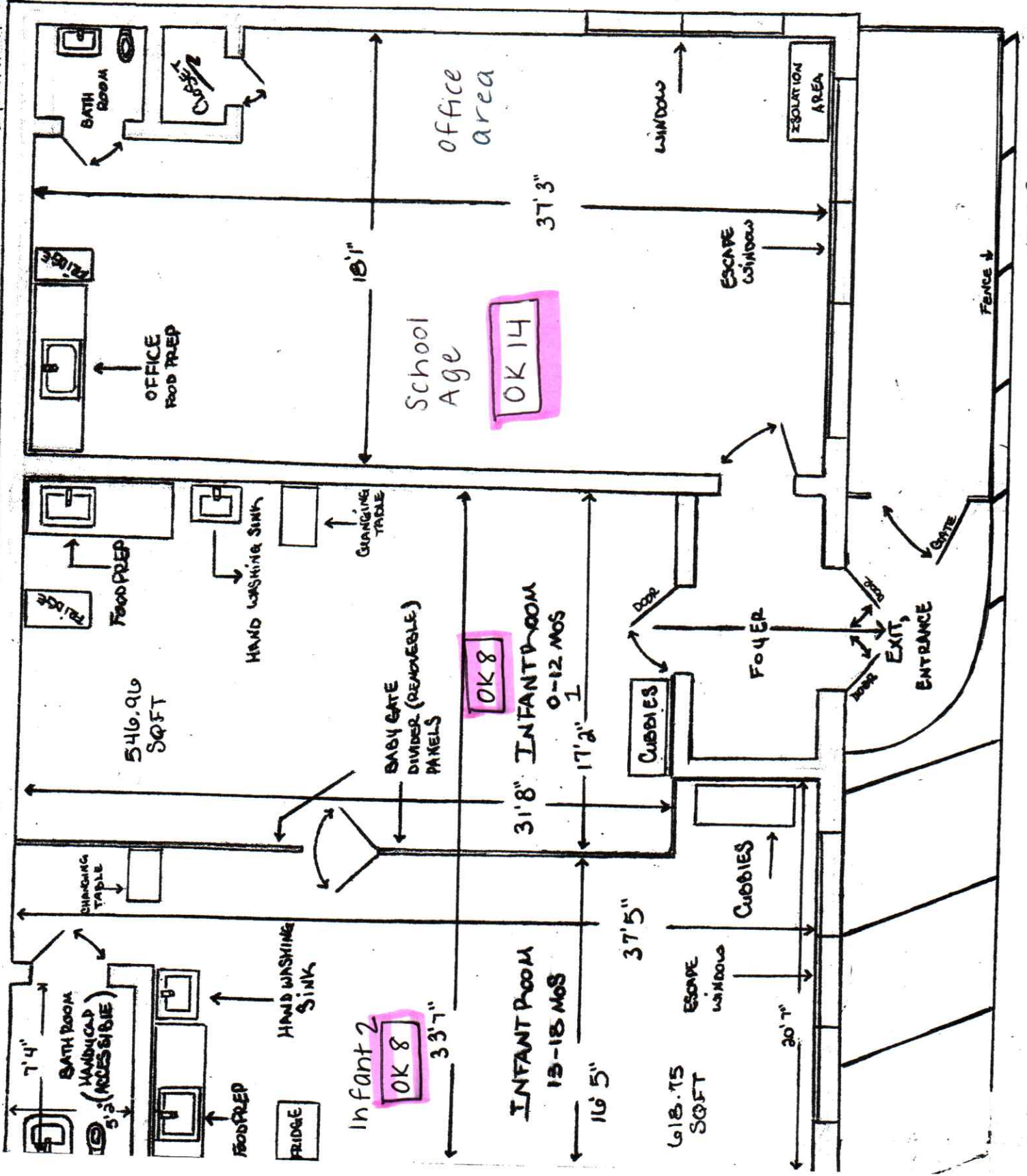
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: L. Medina
(Person in Charge)

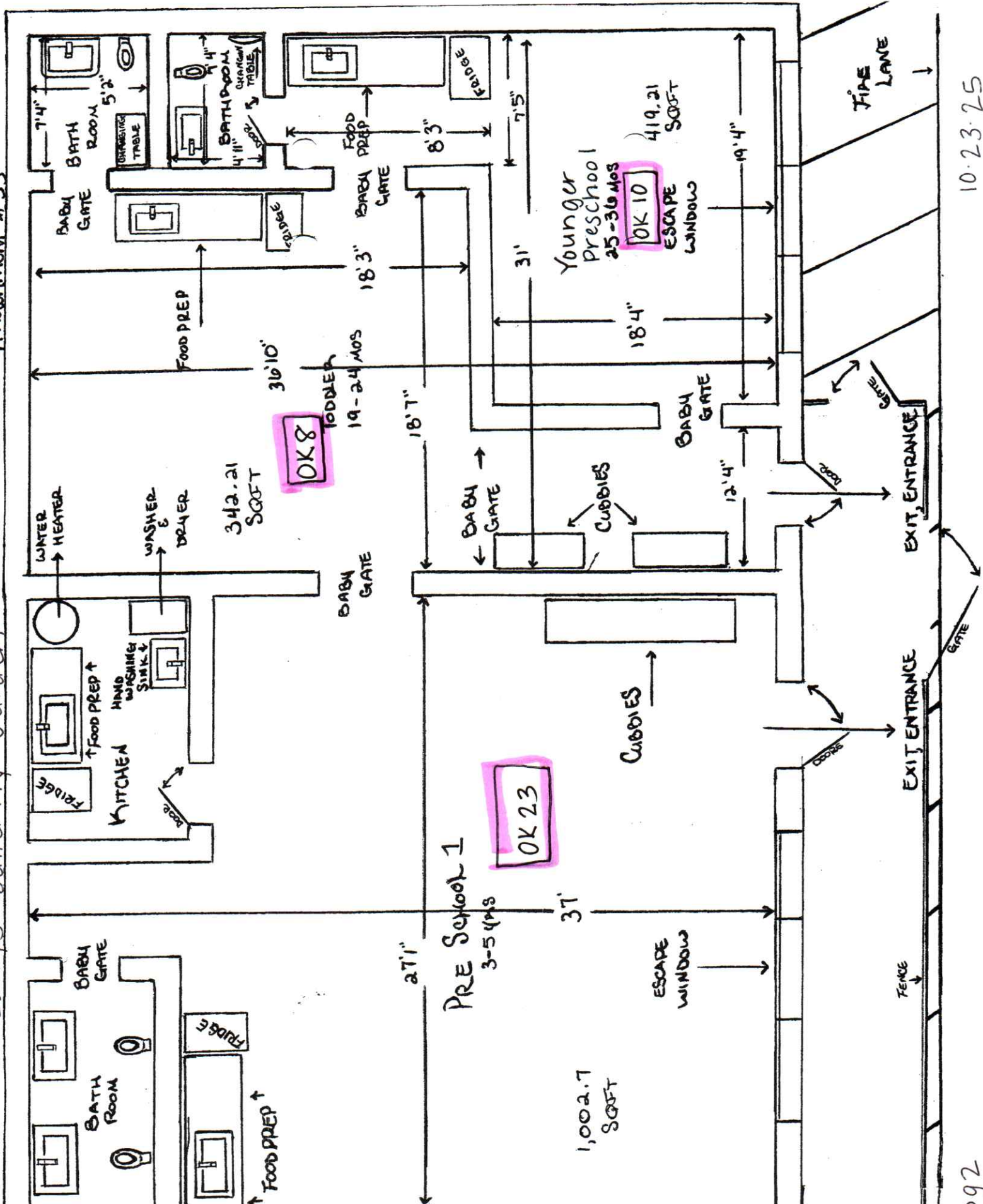
OEC BY: prior to licensure

Print Name: Lorraine Medina



10.7207

Lorry's Butterfly Garden



10.23.25

Lorry's
Butterfly Garden

Total capacity
92 with 34 under 3

