

**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:	Baby Beluga Group Home	Date of Inspection:	2-19-26	Time of Arrival:	1:05pm
Address:	43 Bets Rd Daycare	License Number:	80025	Expiration Date:	4-30-26
Town:	Norwalk Betswood	Telephone Number:	667-5532	Summer Care:	Open
Operator:	Baby Beluga Family Daycare	# of Staff Present:	3	# over 3 Present:	0
Email:	Mayra.garcia1100@gmail.com	Total Capacity:	12	# under 3 Present:	8
Designated Director:	Mayra Garcia	Total Under 3 capacity:	12	Ages Served:	6wks - 3y olds
		Hours/Days of Operation:	M-F 7:30am - 5:30pm		

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 1-15-2026	<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"/> 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 checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> 11. (c)(1-4) POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group																				
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 14. (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 15. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE																				
<input checked="" type="checkbox"/> 16. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 17. (n) Capacity	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 18. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> (f)(2)	Designated director-training																				
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (a)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)	First aid certified program staff																				
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (h)(2)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training																				
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (e)(6)	1% annual hours																				
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> (i) -	Non-swimmers identified																				
	<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older																				
	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising																				
	<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS																				
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
		Consultant agreements-signed annually-agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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"/>
	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"/>																			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Baby Beluga Group Home	LICENSE NUMBER	80025	DATE OF INSPECTION	2/19/26
--------------	------------------------	----------------	-------	--------------------	---------

RECORD KEEPING 19a-79-5a <i>Day care</i>	PHYSICAL PLANT 19a-79-7a cont.
---	--------------------------------

36.	(a)(1)(A-C)	Children's Enrollment information
37.		PARENT PERMISSIONS
38.	(a)(1)(D)(i)	Emergency medical permission
39.	(a)(1)(D)(ii)	Authorized release permission
40.	(a)(1)(D)(iii)	Field trip permission
41.	(a)(1)(D)(iv)	Transportation permission
42.	(a)(2)(A-B)	Child Health Records
43.	(a)(2)(C)	Immunization records
44.	(a)(2)(E)	Individual care plan-signed by parents/staff
45.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
46.	(a)(3)(B)	Parent notification of illness or injury
47.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
48.	(a)(3)(D)	Notify DPH, local health-reportable diseases
49.	(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 (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
	(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
	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a		
62.	(a)(2)	Fire marshal codes/certificate 7-15-2025
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: 1-9-26
	(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: Abused
		Lead Management Plan NA
		Peeling Paint - Y/N Inside/Outside

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
	(d)(8)	Matches/lighters inaccessible
81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
82.	(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)(F)	Handwashing staff/children
	(d)(10)(G)	Toilets/sinks located at the facility
	(d)(10)(H)	Well lighted/ventilated toilet rooms
83.	(d)(11)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
84.	(e)(1)	Staff personal articles inaccessible
	(e)(1)	AIR TEMPERATURE
	(e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(4)	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
	(e)(7)	TELEPHONE/TELEPHONE NUMBERS
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
	(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)(10)	Light fixtures shielded/shatter proof
	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(13)	Stairs-protected/good repair-handrails
	(e)(14-15)	Toxic plants/materials inaccessible
	(e)(16)	Pets or other animals-in good health, written care plan including access to children
	(e)(17)	Measures to prevent vermin
	(e)(18)	Radon test- Results: 1.5 (Schls-N/A)
	(f)(1)(A)	Carbon monoxide detector-each level N/A
	(g)(1)	Program space-adequate-35 sq. ft. per child
	(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Baby Beluga Group	LICENSE NUMBER	810025	DATE OF INSPECTION	2-19-26
---------------------	-------------------	-----------------------	--------	---------------------------	---------

PHYSICAL PLANT 19a-79-7a cont. Home D.C	UNDER THREE ENDORSEMENT 19a-79-10 cont.
--	--

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/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- (N/A)
<input checked="" type="checkbox"/>		(j)	conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

<input checked="" type="checkbox"/>	128.	(e)(2)	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
<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)	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
<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"/>		(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)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes
<input checked="" type="checkbox"/>		(1)-(11)	
<input checked="" type="checkbox"/>		(b)	

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Baby Beluga Group	LICENSE NUMBER	80025 CA 80025	DATE OF INSPECTION	2/19/26
SCHOOL AGE ENDORSEMENT 19a-79-11			MONITORING OF DIABETES 19a-79-13		
<input checked="" type="checkbox"/> 145. (f)	NA	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 146. (g)		Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

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

<input checked="" type="checkbox"/> 173.	(b)(2)
<input checked="" type="checkbox"/> 174.	(b)(3)
<input checked="" type="checkbox"/> 175.	(c)(2)
<input checked="" type="checkbox"/> 176.	(c)(3)
<input checked="" type="checkbox"/> 177.	(d)(1)
<input checked="" type="checkbox"/> 178.	(d)(2)
<input checked="" type="checkbox"/> 179.	(d)(3)
<input checked="" type="checkbox"/> 177.	(e)(1)
<input checked="" type="checkbox"/> 178.	(e)(2)
<input checked="" type="checkbox"/> 179.	(e)(3)

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

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

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
--	--

DISCUSSIONS/COMMENTS

NO Correctors at this inspection

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff
Cathy Anderson

Printed Name
Cathy Anderson

Signature of person in charge
Mayra Garcia

Printed Name
Mayra Garcia

OEC DIVISION OF LICENSING
450 Columbus Blvd, Suite 302, Hartford, CT 06103
Help Desk: (800)282-6063 or (860)500-4450
Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: NA

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