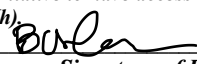




DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	BETTY A ORBAN			LICENSE NUMBER	DCFH.51401	DATE OF INSPECTION	03/18/2026
				EXPIRATION DATE	8/31/2029	TIME OF INSPECTION	09:40 AM
ADDRESS	350 BURNT PLAINS ROAD MILFORD CT 06460			TELEPHONE	(203)	REGULAR CAPACITY	6
				HOURS OF OPERATION	7:30 AM - 5:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	3	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Melissa Lohr		
PROVIDER'S EMAIL	bettyboo261@gmail.com			INSPECTOR'S EMAIL	melissa.lohr@ct.gov		
KEY:	<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i>						
COMPLIANT = X	 Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
X	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE:	01/13/2028

O	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 11/28/2025	Provider not in compliance with maintaining a current first aid certificate when her certificate expired in 2025.
O	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 11/28/2025	Provider not in compliance with maintaining a current CPR certificate when her certificate expired in 2025.
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. 7(a) MEDICAL STATEMENT	Provider not in compliance with maintaining medical statements when an adult medical statement was not on file for one adult household member.
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
X	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS				
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N			
		Y			
		Y/N			
		N			
O	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the stairs in the child care room that lead up to the first floor of the home were accessible.			
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN				
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with maintaining a complete written log of the practice drills when a log was not on site.			
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors on each level of the home when an operable smoke detector was not located on the second floor of the home.			
O	35. 9(d)(7) CARBON MONOXIDE DETECTOR	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when CO detectors were not located on the first, second, and third levels of the home.			
O	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	Provider not in compliance with maintaining at least a 5lb ABC fire extinguisher in operating condition when the fire extinguisher on site was not full.			
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:		APPROVED?	
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION				
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS OUTDOORS Yes Yes				
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:		BARRIER:	Y
X	41. 9(f)(3) N/A? HOT TUBS- LOCKED -INACCESSIBLE				
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°				
X	43. 9(g) WINDOW SAFETY				
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES				
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water				
O	46. 9(h) WATER TEMPERATURE- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when the water temperature in the bathroom reached 136.4°F.			

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
O	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	Provider not in compliance with maintaining a complete first aid kit when a 2in. gauze roll, thermometer, scissors, and ice pack were missing from the kit.
O	51. 9(o) PET PROTECTION PETS?	TYPE of PETS: 2 cats
	RABIES CERTS?	Provider not in compliance with maintaining current rabies vaccination certificate(s) when current rabies vaccination certificates were not on site for 2 cats.
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining child enrollment form(s) when an enrollment form was not on file for one enrolled child.
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record(s) when a health record was not on file for one enrolled child.
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining current immunization record(s) when an immunization record was not on file for one enrolled child.
O	56. 10(b)(3)(B) EMERGENCY PERMISSION	Provider not in compliance with maintaining complete emergency care information when permission forms were not on site for 2 enrolled children.
O	57. 10(b)(3)(A) AUTHORIZED RELEASE	Provider not in compliance with maintaining complete written parent permission to authorize removal of child(ren) when permission forms were not on site for 2 enrolled children.
O	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	Provider not in compliance with maintaining complete written parent permission for transitioning children to/from school when written permission was not on site for one preschool aged child in care who takes the bus to the daycare home.
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(i) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(i)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

X	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF - ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
X	107. (d) POTASSIUM IODIDE (KI)	
	N/A	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
	Y	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	17 out of 110
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DISCUSSIONS/COMMENTS

Provider stated that care is only provided on the lower level of the home and children do not go up to the first, second, or third levels and Samorai swords on display are inaccessible to children. Provider was unable to login to BCIS account, tried to provider TA, and supplied provider with BCIS help sheet. Also supplied provider with 2 blank incident log forms, a blank adult medical statement form, an infant sleep policy, and a developmental milestones form. Discussed wear and tear (cracks) on some playground equipment and recommended it be monitored.

IMPORTANT NOTES

* It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
 * Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Melissa Lohr	BETTY A ORBAN	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 04/01/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: melissa.lohr@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf