

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Bright Beginning ChildCare</u>	License Number: <u>pending</u>	Date of Inspection: <u>6/22/22</u>	Time of Arrival: <u>8:10</u>
Address: <u>110 High St. Center H.Q.</u>	Expiration Date: <u>N/A</u>	Licensed Capacity: <u>-</u>	Under 3 Capacity: <u>-</u>
Town: <u>Enfield</u>	Telephone: <u>860-741-0002</u>	# of children present: <u>-</u>	# of staff present: <u>2</u>
Operator: <u>Tetro Corp.</u>	Director: <u>Melissa Adams</u>		
Email: <u>melissatetro@yahoo.com</u>	Head Teacher: <u>Mary Long</u>		
Hours of Operation: <u>6:30 - 5:30 M-F</u>	Summer Care: <u>Open</u>		
Ages Served: <u>6 wks - 12 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

1. Local Health Date: 6/15/22

Administration 19a-79-3a

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- 8. License
- 9. Current Fire Marshal Certificate Date: 6/15/22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: N/A
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: _____ Results: pending
- 15a. Developmental Milestones

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

Swimming cont.

- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
- Water Supply: Public/Well
- 49. Lead Water Test Date: 5/22/22
Bacterial/Chemical Test (Y/N) Date: _____
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: Linda Maglan

Written Corrective Action Plan Due to OEC by: prior to

Signature of Person in Charge: Melissa A Adams

Print name: Linda Maglan / Dianna Wassenholtz / licensure

Print name: Melissa Adams

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name:

Bright Beginnings Child Care Center H.Q.

License Number:

pending

Date of

Inspection: *6/22/22*

Physical Plant continued:

- 67. Water Temperature 60°-115°
- 68. Portable Space Heaters
- 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- 70. Rugs Secure
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level
- 73. Emergency Numbers Posted
- 74. Adequate Lighting: 50/30 Candle Feet
- 75. Light Fixtures Shielded/Shatter Proof
- 76. Potentially Hazardous Substances Locked
- 77. Garbage/Rubbish Disposed Daily
- 78. Stairs Protected/Good Repair/Handrails
- 79. Pets: Maintained/Care Plan (Y/N)
- 80. Operable CO Detector on Each Level (Y/N)
- 81. Program Space/Adequate Sq. Ft. Per Child
- 82. Equipment: Good Repair/Safe/Non-toxic
- 83. Cots Stored/Maintained/Adequate Number
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free from Hazards
- 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- 91. Lead Management Plan (Y/N)
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Play Area Protected/Fenced
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- 95. Written Plan for Daily Program Available to Parents/Staff
- 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs
Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

Administration of Medications 19a-79-9a

- 97. Written Policies/Procedures
- 98. Training Outline on file
- Non-prescription Topical Medications
- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications
- 101. Med Trained Staff/Certificates
- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed
- Self-Administration
- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage
- 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- 108. KI Pills Parent Permission/Storage

Under Three Endorsement 19a-79-10

- 109. Approved Endorsement
- 110. Ratio: 1 Staff to 4 Children
- 111. Group Size no Larger than 8
- 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- 113. Adequate Sinks in Program Space
- 114. Free Standing/Well-Constructed/Safe Cribs
- 115. Washable Cots
- 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- 117. Dev. Appropriate Tables/Chairs/Equipment
- 118. Refrigerators and Food Prep Facilities
- 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- 120. Washed/Disinfected
- 121. Disposable Paper Sheets
- 122. Covered Waste Receptacle
- 123. Diaper Changing Policy Posted
- 124. Hand Washing Policy Posted
- 125. Individual Storage of Personal Items
- 126. Cribs/Cots Washed/Disinfected
- 127. Under 12 Months Placed on Back for Sleeping
- 128. Alternate Sleep Position/Equip-Medical Document Y/N
- 129. Crib/Bed Used for Infant Sleeping
- 130. Crib/Bed Free from Observable Hazards
- 131. Infant Toys Separate/Washed/Disinfected Daily
- 132. No Toys/Objects Less than 1 1/4" Diameter
- 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- 134. Health Consultant/Documentation of Visits
- 135. Infants Held for Bottles/Individual Attn/Tummy Time
- 136. Written Statement/Feeding Schedule from Parent
- 137. Unused Portions of Liquids Discarded
- 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- 139. Food Served from Dish or Whole Jar Served
- 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- 141. Play Space Fenced
- 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11

- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)

- 148. Approved Endorsement
- 149. Written Program Plan/Supervision
- 150. Staff Awake/Available
- 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- 152. Individual Storage of Personal Items
- 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13

- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

Signature of OEC Representative

Linda Mayton Wassenhove

Print Name: *Linda Mayton Wassenhove*

Written Corrective Action Plan
Due to OEC by:

prior to licensure Melissa A Adams

Signature of Person in Charge

Print Name: *Melissa Adams*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginnings Child License # pending Date: 6/22/22

Observations/Corrections needed: Care Center H.Q.

Outside Measurements -

Under 3's - $40.5 \times 24.42 = 989.01 \div 75 = 13.18$

13 max / 8 under 3's = groups of 8.

Over 3's - $87.52 \times 40.5 = 3544.56 \div 75 = 47.26$

47 Max - Must maintain ratios/group size.

(89) - Bottom parts of fence not attached to ground = gaps. Some sharp edges.

Multi Use outdoor area along building.

A. $19.75 \times 70.92 = 1400.67 \div 75 = 18.67$ (18) max

B. $8 \times 68.50 = 548 \div 75 = 7.30$ (7) max

C. $25.08 \times 93.08 = 2,334.44 \div 75 = 31.12$ (31)

Classroom measurements on square footage report.

Schoolage - 12

Toddler A - 8

Inf. A - 7

Toddler B - 8 (over 32 mths.)

Inf. B - 8 Transition*

Toddler C - 4 (over 32 mths.)

Waddler - 8

School-age B - 7

Preschool - 26

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: Linda Moylan / Dianna Wassenaar
(OEC Representative)

Print Name: Linda Moylan / Dianna Wassenaar

Signature: Melissa A Adams
(Person in Charge)

Print Name: Melissa Adams

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginning 3 License # pending Date: 6/22/22

Observations/Corrections needed: Child Care Center H.Q.

- ~~#~~ 18 sinks
- 8 toilets
- 1 staff bathroom

Under 3 capacity - 43 LM 39

Overall capacity - 88

Discussed - Toddler C room without sink or changing table for use by children over 32 months. Room to be set up for preschool age children.

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: Linda Maylan D. Wassenhove
(OEC Representative) Dianna Wassenhove
Print Name: Linda Maylan Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

Signature: Melissa A Adams
(Person in Charge)
Print Name: Melissa Adams

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Bright Beginning Child Care H.Q. Center
(Name of Program) (License Number) pending

*30 sq/ft licensed prior 1985 (continuous basis)
6/22/22
(Date of Measurements)

INDOOR SPACE

Room: Preschool : $(38.25 \times 24.92) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 953.19$
(Name/Number) Totals 953.19 Minus _____

Under 3 YES/NO Deduction: $(4.92 \times 6.08) + (2.75 \times 2.67) + (2.50 \times 2.17) + (\quad \times \quad) = -42.67$
Totals 27.91 7.34 5.42 Minus _____
Description Restroom Fridge Food prep

Total 910.52 $\div 35/30 = 26$ 2 toilets 3 sinks OK for 26 children

Room: Toddler A : $(7.75 \times 10) + (19.17 \times 11.58) + (\quad \times \quad) + (\quad \times \quad) = 299.48$
(Name/Number) Totals 77.50 221.98 Minus _____

Under 3 YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$
Totals _____ Minus _____
Description _____

Total 299.48 $\div 35/30 = 8.5$ 1 sink
Restroom - 2 toilets OK for 8 children

Room: Toddler B : $(12 \times 21.35) + (4.5 \times 8) + (\quad \times \quad) + (\quad \times \quad) = 292.2$
(Name/Number) Totals 256.2 36 Minus _____

Under 3 YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$
Totals _____ Minus _____
Description _____

Total 292.2 $\div 35/30 = 8.34$ 3 sinks
Restroom - 2 toilets OK for 8 children

Room: Tod C : $(10 \times 14) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 140$
(Name/Number) Totals _____ Minus _____

Under 3 YES/NO Deduction: $(\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) =$
Totals _____ Minus _____
Description _____

Total 140 $\div 35/30 = 4$ No hand wash
sink or change table OK for _____ children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Bright Beginnings Child Care pending
 (Name of Program) (License Number)
Center H.O.

*30 sq/ft licensed prior 1985 (continuous basis)
6/22/22
 (Date of Measurements)

INDOOR SPACE	
Room: <u>School Hq</u>	: (<u>24.0</u> x <u>19.67</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>481.91</u>
(Name/Number)	Totals <u>481.91</u> Minus <u> </u>
Under 3 YES/NO	Deduction: (<u>7.33</u> x <u>7</u>) + (<u>275</u> x <u>275</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>-58.87</u>
	Totals <u>51.31</u> <u>7.50</u>
	Description <u>wall</u> <u>Fridge</u>
Total	<u>423.04</u> ÷ 35/30 = <u>12.08</u> <u>(12)</u> <u>2 sinks</u> OK for <u>12</u> children
Room: <u>Inf. A</u>	: (<u>31.08</u> x <u>7.92</u>) + (<u>11.42</u> x <u>8.42</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>263.10</u>
(Name/Number)	Totals <u>146.95</u> <u>96.16</u> Minus <u> </u>
Under 3 YES/NO	Deduction: (<u>1.58</u> x <u>1.67</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>-2.63</u>
	Totals <u>2.63</u>
	Description <u>fridge</u>
Total	<u>260.47</u> ÷ 35/30 = <u>7.44</u> <u>2 sinks</u> OK for <u>7</u> children
Room: <u>Inf. B</u>	: (<u>16.33</u> x <u>20.92</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>341.62</u>
(Name/Number)	Totals <u>341.62</u> Minus <u> </u>
Under 3 YES/NO	Deduction: (<u>1.67</u> x <u>1.75</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>-2.92</u>
	Totals <u>2.92</u>
	Description <u>Fidge</u>
Total	<u>338.7</u> ÷ 35/30 = <u>9.67</u> <u>8</u> <u>2 sinks</u> OK for <u>8</u> children
Room: <u>cradler</u>	: (<u>17.67</u> x <u>21.33</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>376.90</u>
(Name/Number)	Totals <u> </u> Minus <u> </u>
Under 3 YES/NO	Deduction: (<u>2.75</u> x <u>2.43</u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) + (<u> </u> x <u> </u>) = <u>370.665</u>
	Totals <u>6.65</u>
	Description <u>Fridge</u>
Total	<u>370.25</u> ÷ 35/30 = <u>10.57</u> <u>8</u> <u>2 sinks</u> OK for <u>8</u> children

Express the figure as whole number by rounding decimals down.

SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Bright Beginning Child Care pending
(Name of Program) H.Q.
(License Number)

*30 sq/ft licensed prior 1985 (continuous basis)
6/22/22
(Date of Measurements)

INDOOR SPACE

Room: School Age B: (4 x 8.75) + (13.42 x 18.42) + () x () + () x () = 282.19
(Name/Number)

Totals 35 247.19 Minus

Under 3
YES/NO Deduction: (2.92 x 5.83) + () x () + () x () + () x () = -17.02
Totals 17.02
Description electrical

Total 265.17 ÷ 35/30 = 7.57 2 sinks OK for 7 children

Room: () x () + () x () + () x () + () x () = _____
(Name/Number)

Totals _____ Minus

Under 3
YES/NO Deduction: () x () + () x () + () x () + () x () = _____
Totals _____
Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

Room: () x () + () x () + () x () + () x () = _____
(Name/Number)

Totals _____ Minus

Under 3
YES/NO Deduction: () x () + () x () + () x () + () x () = _____
Totals _____
Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

Room: () x () + () x () + () x () + () x () = _____
(Name/Number)

Totals _____ Minus

Under 3
YES/NO Deduction: () x () + () x () + () x () + () x () = _____
Totals _____
Description _____

Total _____ ÷ 35/30 = _____ OK for _____ children

Express the figure as whole number by rounding decimals down.