

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

|   |  |                                    |                              |
|---|--|------------------------------------|------------------------------|
| Program Name: <u>Little Rainbow Bridgeport LLC</u>  | License Number: <u>Pending</u>   | Date of Inspection: <u>1-30-23</u> | Time of Arrival: <u>930</u>  |
| Address: <u>1008 Reservoir Ave</u>  | Expiration Date: <u>Pending</u>  | Licensed Capacity: <u>16</u>       | Under 3 Capacity: <u>0</u>   |
| Town: <u>Bridgeport</u>   | Telephone: <u>203-345-3267</u>   | # of children present: <u>0</u>    | # of staff present: <u>1</u> |
| Operator: <u>Little Rainbow Bridgeport LLC</u>  | Director: <u>Caitlin Halloran</u>  |                                    |                              |
| Email: <u>Hello @ Lrdaycare.com</u>   | Head Teacher: <u>Ashley Foster</u>   |                                    |                              |
| Hours of Operation: <u>M-F 6am-6pm</u>  | Summer Care: <u>open</u>   |                                    |                              |
| Ages Served: <u>3-5 years</u>   | Instruction Codes: N/A = Not applicable at this time<br>√ = Compliance/No violation found   O = Non-compliance/Violation found |                                    |                              |
| Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up) |  |                                    |                              |

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 12-16-22

**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: 6-13-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: NA
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 11-20-20 Results: 1.4
- 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      | <u>NA</u>                           | <u>NA</u>                           |

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: 10-6-22  
Bacterial/Chemical Test (Y/N) Date: NA
- 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:

Cathy Anderson

Print name: Cathy Anderson

Written Corrective Action Plan Due to OEC by: Practicalense

Signature of Person in Charge:

[Signature]

Print name: HELENA HILLIARD

## CHILD CARE CENTER/GROUP INSPECTION FORM

|   |   |   |
|---|---|---|
| <p><b>Program Name:</b><br/><i>Little Rainbow Bridges CEC</i></p>   | <p><b>License Number:</b><br/><i>Pending</i></p>  | <p><b>Date of Inspection:</b> <i>1-30-23</i></p>                      |
| <p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/<br/>Flexible/Meets Individual Needs<br/>Program Includes: Indoor/Outdoor, Gross/Fine<br/>Motor Skills, Snacks/Meals,<br/>Rest/Sleep/Quiet Time,<br/>Toileting and Clean Up</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul> | <p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 ¼" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul> |   |
| <p><b>Signature of OEC Representative</b><br/><i>Cathy Anderson</i></p>   | <p><b>Written Corrective Action Plan</b><br/>Due to OEC by: <i>prior to license</i></p>   | <p><b>Signature of Person in Charge</b><br/><i>Resha Hilllake</i></p> |
| <p><b>Print Name:</b> <i>Cathy Anderson</i></p>   | <p><b>Print Name:</b> <i>RESHA HILLLAKE</i></p>   |   |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Rainbow Bridgeport LLC License # Pending Date: 1-30-23

Observations/Corrections needed:

All items on the inspection form were discussed at this inspection

Observed:

- #45 - Kitchen/entry way - stove knobs not protected
- mirror edge sharp to the touch and shelves not secured throughout
- #88 - Climbers do not have impact absorbing material under them
- #89 - Wooden fence slats are broke and sharp to the touch throughout and screw ends protruding on bottom of fence.
- #92 - 3 Climbers not anchored
- #93 - Gap on gate 6"-8"

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: Cathy Amos  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: Prior to license

### SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

Lane Rainbow Bridge PC+LLC  
(Name of Program)

Pending  
(License Number)

\*30 sq/ft licensed prior 1986 (continuous basis)  
1-30-23  
(Date of Measurements)

#### INDOOR SPACE

Room: 1 : (102 x 226) + (216 x 17) + (      x     ) + (      x     ) = 597.72  
(Name/Number) Totals 230.52 367.2 Minus

Under 3 YES/NO YES Deduction: (23 x 510) + (      x     ) + (      x     ) + (      x     ) = 11.23  
Totals 11.73  
Description bathroom

Total 585.99 ÷ 35/30 = 16 OK for 16 children

Room: 2 : (166 x 108) + (166 x 145) + (      x     ) + (      x     ) = 418.53  
(Name/Number) Totals 17928 239.25 Minus

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

Total 418.53 ÷ 35/30 = 11 OK for 11 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.

## SQUARE FOOTAGE REPORT

(Not counted in capacity)

Little Rainbow Bridgeport LLC  
(Name of Program)

Pending  
(License Number)

1-30-23  
(Date of Measurements)

**ACTIVITY ROOM (Not counted in capacity)**

Room: \_\_\_\_\_: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_

(Name/Number)

Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_

Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

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Room: \_\_\_\_\_: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_

(Name/Number)

Totals \_\_\_\_\_ Minus \_\_\_\_\_

Under 3  
YES/NO/BOTH Deduction: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_

Totals \_\_\_\_\_  
Description \_\_\_\_\_

Total \_\_\_\_\_ ÷ 35/30 = \_\_\_\_\_ OK for \_\_\_\_\_ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: 353 x 67 + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = 2365.1 ÷ 75 = 31

OK for 31 children

Under 3  
YES/NO/BOTH Totals: \_\_\_\_\_

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Playground 2: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = \_\_\_\_\_

OK for \_\_\_\_\_ children

Under 3  
YES/NO/BOTH Totals: \_\_\_\_\_

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Playground 3: ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) + ( \_\_\_\_\_ x \_\_\_\_\_ ) = \_\_\_\_\_ ÷ 75 = \_\_\_\_\_

OK for \_\_\_\_\_ children

Under 3  
YES/NO/BOTH Totals: \_\_\_\_\_

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 1  
\*Total of sinks for children: 1

Exclusive use for staff 1  
16 due to 1 child toilet and sink

**TOTAL CAPACITY** 21 **INCLUDING** 0 **UNDER THE AGE OF 3**

\* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)  
\* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)