

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Breakthrough Kids Early Learning Center</u>	License Number: <u>Pending</u>	Date of Inspection: <u>8-23</u>	Time of Arrival: <u>9am</u>
Address: <u>729 Union Ave</u>	Expiration Date: <u>Pending</u>	Licensed Capacity: <u>44</u>	Under 3 Capacity: <u>16</u>
Town: <u>Bridgewater</u>	Telephone: <u>203-210-3865</u>	# of children present: <u>0</u>	# of staff present: <u>3</u>
Operator: <u>Breakthrough Kids LLC</u>	Director: <u>Stephanie Carr</u>	Head Teacher:	
Email: <u>admin@breakthroughkidseic.com</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>m-f 7am-530pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>2-5 years</u>	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: 12-21-22

**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: 1-6-23
- 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: 12-19-22 Results: 24
- 15a. Developmental Milestones

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	NA	NA

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: 11-21-22  
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:

Cathy Andersen

Written Corrective Action Plan Due to OEC by: Pror to appraisal

Signature of Person in Charge:

Stephanie Carr

Print name:

Cathy Andersen

Print name:

Stephanie Carr

## CHILD CARE CENTER/GROUP INSPECTION FORM

<p><b>Program Name:</b> <i>Breakthrough Kids Early Learning Center</i></p>	<p><b>License Number:</b> <i>Pending</i></p>	<p><b>Date of Inspection:</b> <i>3-13-23</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/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, 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 1/4" 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> <i>Cathy Anderson</i></p>	<p><b>Written Corrective Action Plan</b> Due to OEC by: <i>Phorte</i> <i>approval</i></p>	<p><b>Signature of Person in Charge</b> <i>Stephanie Carr</i></p>
<p><b>Print Name:</b> <u><i>Cathy Anderson</i></u></p>	<p><b>Print Name:</b> <u><i>Stephanie Carr</i></u></p>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Breakthrough Kids Early Learning Center License # Pending Date: 3-B-23

Observations/Corrections needed:

All items on the inspection form were discussed with the director

Corrections: Observed

#19 - no designated head teacher listed

#45 - 109 - 2 cobbys not secured and trim down low by door is warped

#88 - no documentation of rubber surface

#89 - gap at bottom of fence 5-6", screw ends protruding, wooden swing set has wood throughout that is split and rough to the touch, 1 beam on it has split wood and rust on metal bars.

Discussed

Playground equipment is not age appropriate for all ages. Equipment must be only used for the ages it is appropriate for.

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: [Signature] (OEC Representative)

Print Name: Cary Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: [Signature]

Print Name: Stephanie Carr

### SQUARE FOOTAGE REPORT

Breakthrough Kids Early Learning center  
(Name of Program)

Pending  
(License Number)

3-13-23  
(Date of Measurements)

**INDOOR SPACE**

Room: 104 :  $(22 \times 19.67) + (10.67 \times 6) + (\quad \times \quad) + (\quad \times \quad) = 496.76$   
 (Name/Number) Totals 432.74 64.02 Minus /

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

Total 496.76  $\div (35/30) = 14$  OK for 14 children

Room: 107 :  $(30.25 \times 16.42) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 496.71$   
 (Name/Number) Totals 496.71 Minus /

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

Total 496.71  $\div (35/30) = 14$  OK for 14 children

Room: 115 :  $(17 \times 16.58) + (9.08 \times 7.17) + (\quad \times \quad) + (\quad \times \quad) = 346.96$   
 (Name/Number) Totals 281.86 65.10 Minus /

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

Total 346.96  $\div (35/30) = 9$  OK for 8 children *due to group size*

Room: 109 :  $(32 \times 25) + (\quad \times \quad) + (\quad \times \quad) + (\quad \times \quad) = 800$   
 (Name/Number) Totals 800 Minus \_\_\_\_\_

Under 3  
 YES/NO NO Deduction:  $(1.92 \times 4) + (1.08 \times 1.42) + (\quad \times \quad) + (\quad \times \quad) = 9.21$   
 Totals 768 153  
 Description wall column

Total 790.79  $\div (35/30) = 22$  OK for 8 children *due to group size*

Express the figure as whole number by rounding decimals down.

### SQUARE FOOTAGE REPORT

Breakthrough Kids Early Learning Center  
(Name of Program)

(Not counted in capacity)  
Pending  
(License Number)

3-13-23  
(Date of Measurements)

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

Room: Sensory/Auditory 7 x 9.67 + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = 67.69

(Name/Number)

Totals 67.69

Under 3

YES/NO/BOTH BOTH

Deduction: ( ) x ( ) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) = Minus /

Totals  
Description

Total 67.69 ÷ 35/30 = 1

OK for 1 children

Room: ( ) x ( ) + ( ) x ( ) + ( ) x ( ) + ( ) x ( ) =

(Name/Number)

Totals

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: 84 x 62 + ( ) x ( ) + ( ) x ( ) = 5208 ÷ 75 = 69

Under 3

YES/NO/BOTH BOTH

Totals:

OK for children or

8 Under 35 due to grass area

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

Under 3

YES/NO/BOTH

Totals:

OK for children

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

Under 3

YES/NO/BOTH

Totals:

OK for children

Express the figure as whole number by rounding decimals down.

\*Total of toilets for children: 5

Exclusive use for staff 1

\*Total of sinks for children: 8

 TOTAL CAPACITY 44 INCLUDING 16 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)