

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|
| Program Name: Bright Horizons at Hall Boulevard | License Number: 16334 | Date of Inspection: 8/15/23 | Time of Arrival: 8:48am |
| Address: 1355 Hall Boulevard | Expiration Date: 3/31/25 | Licensed Capacity: 116 | Under 3 Capacity: 56 |
| Town: Bloomfield CT 06002 | Telephone: 860-243-5364 | # of children present: 44 (22) | # of staff present: 11+ |
| Operator: Bright Horizons Children's Centers LLC | Director: Andrew Fleming | Head Teacher: Christine Collins | |
| Email: hallblvd@brighthorizons.com | Hours of Operation: 7:00 - 6:00 | Summer Care: Open | |
| Ages Served: 6 weeks to 10 years | 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: **9/10/21**

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: **12/1/22**

10. OEC Complaint Procedure

11. Food Service Certificate Date: **exp: 8/31/23**

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: **1/31/07** Results: **0.6 pCi/L**

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 | - | - |

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

46. Sanitary Drinking Fountains/Disposable Cups

Water Supply: **Public Well**

47. Lead Water Test Date: **12/16/22**

Bacterial/Chemical Test (Y/N) Date: **-**

48. Walkways Maintained

49. Designated Staff Toilet/Sink

50. All Openings for Ventilation Screened

51. Windows Protected to Prevent Falls

52. Glass Protected to 36"

53. Overhead Doors Locking Devices/Spring Protectors

54. Exits/Hallways and Stairs Unobstructed

55. Individual Storage of Clothing/Bedding

56. Smoking Prohibited

57. Matches/Lighters Inaccessible

58. Electrical Safety: Outlets/Cords

59. Toileting Needs Met

60. Required Toilets/Sinks/Supplies

61. Potty Chairs: Nonporous/Emptied/Disinfected

62. Hand Washing After Toileting: Staff/Children


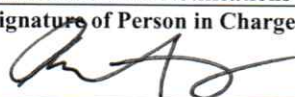
63. Ventilation in Toilet Room

64. Air Temp 65°, Thermometer Affixed

| | | |
|----------------------------------|--------------------------------------------------------------|--------------------------------|
| Signature of OEC Representative: | Written Corrective Action Plan Due to OEC by: 8/29/23 | Signature of Person in Charge: |
|----------------------------------|--------------------------------------------------------------|--------------------------------|

Print name: **Shanne Dalo** Print name: **Andrew Fleming**

CHILD CARE CENTER/GROUP INSPECTION FORM

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| <p>Program Name: <u>Bright Horizons at Hill Bonlevard</u></p> | <p>License Number: <u>16334</u></p> | <p>Date of Inspection: <u>8/15/23</u></p> |
| <p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <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 <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization | <p><u>Under Three Endorsement 19a-79-10</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N) <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <p><u>Outdoor Play Space-Under Three:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <p><u>Night Care Endorsement 19a-79-12 (10pm-5am)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <p><u>Monitoring of Diabetes 19a-79-13</u> <i>No children enrolled</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications | |
| <p>Signature of OEC Representative</p>  | <p>Written Corrective Action Plan Due to OEC by: <u>8/29/23</u></p> | <p>Signature of Person in Charge</p>  |
| <p>Print Name: <u>Johanne Jalio</u></p> | | <p>Print Name: <u>Andrew Fleming</u></p> |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Hall Boulevard License # 16334 Date: 8/15/23

Observations/Corrections needed:

- #27 No documentation of annual review of policies and education program by Health Consultant was observed
- #32 Observed 1 child without complete enrollment form (missing child address, 2nd parent info, work address, parent signature)
- #34 Observed 1 authorized release permission without parent signature.
- #38 Observed 1 care plan not signed by parent and all staff caring for child and 1 care plan not signed by all staff.
- #45 Observed peeling paint on all door frame, dirty & rusted microwave (Ps3), broken metal racks (Ps3).
- #60 Observed 3 dangling cords (Ps1) - Electrical strip, tablet...
- #69 Observed 3 stained ceiling tiles (inf2 - Ps3)
- #100 Observed diaper creams accessible to children in drawer (inf1) and sunscreen on counter accessible to children (Ps2)


DISCUSSION

- Annual review of policies for 2 staff.
- 2 green mats under sensory table.
- 1 incomplete diaper cream form
- Snack menus (5th week)

Enrollment: 42 under three, 32 preschool, 0 School Age.


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: 
 (OEC Representative)
 Print Name: Johanne Jalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/29/23

Signature: 
 (Person in Charge)
 Print Name: Andrew Fleming