



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

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>BRIGHT GIGGLES LEARNING CENTER</b>				<b>License Number</b>	<b>DCCC.70498</b>	<b>Date of Inspection</b>	<b>05/09/2024</b>		
					<b>Expiration Date</b>	<b>7/31/2027</b>	<b>Time of Inspection</b>	<b>09:12 AM</b>		
<b>Address</b>	<b>142 THOMPSON ST BRIDGEPORT CT 06604-2814</b>				<b>Telephone</b>	<b>(203) 212-3960</b>	<b>Licensed Capacity</b>	<b>79</b>		
					<b>Hours of Operation</b>	<b>MONDAY-FRIDAY 6:30AM-5:30PM</b>	<b>Infant/Toddler Capacity</b>	<b>52</b>		
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>		
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>12 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>Bglcenter2018@gmail.com</b>				
<b>Operator</b>	<b>BRIGHT GIGGLES LEARNING CENTER, LLC</b>				<b>Name of Inspector</b>	<b>Cathy Anderson</b>				
<b>Director</b>	<b>SANDRIE BLANC</b>				<b>Inspector's Email</b>	<b>catherine.anderson@ct.gov</b>				
<b>Key:</b>	<b>Compliant = X</b>	<b># of Infants - Toddlers Present</b>	<b>32</b>	<b># of Total Children Present</b>	<b>49</b>	<b># of Staff Present</b>	<b>14</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>	
	<b>Non-Compliant = O</b>									

### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: 10/01/2023	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

### ADMINISTRATION 19a-79-3a

<b>O</b>	<b>1b. Administration</b>	<b>(a)Failed to ensure the safety, health and development of the children when observed in the Toddler room a child was sleeping and the staff picked him up and washed his face to wake him. The staff stated they do this daily to not let him sleep.</b>
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<input type="radio"/>	5. Notification of Change	Failed to provide notification of change of personnel changes when both head teachers listed are no longer hired. Send copy of change form	
<input checked="" type="checkbox"/>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time	
<input checked="" type="checkbox"/>	7. Daily Attendance Records- staff and children		
<b>ITEMS POSTED – ACCESSIBLE</b>			
<input checked="" type="checkbox"/>	8. License		
<input checked="" type="checkbox"/>	9. Fire Marshal certificate		
	Date	12/11/2023	
<input checked="" type="checkbox"/>	10. OEC Complaint procedure		
	11. Food Service Certificate	<u>N/A?</u>	
	Date	X	
<input checked="" type="checkbox"/>	12. Menus		
<input checked="" type="checkbox"/>	13. Emergency plans		
<input checked="" type="checkbox"/>	14. No Smoking Signs		
<input checked="" type="checkbox"/>	15. Radon Test	<u>N/A?</u>	
	Date	Results	
	04/26/2023	3.0	
<input checked="" type="checkbox"/>	15a. Developmental Milestones		
<input checked="" type="checkbox"/>	15b. Access		
<input checked="" type="checkbox"/>	15bb. Endorsements		
<b>STAFFING 19a-79-4a</b>			
<input checked="" type="checkbox"/>	15c. Staffing		
<input checked="" type="checkbox"/>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) when observed 1 out of 8 staff health records are missing the TB test documentation and 1 out of 8 staff health forms are missing the exam date.	
<input type="radio"/>	17. Professional development	Failed to document annual policy and procedure training for 4 out of 8 staff files.	
<input checked="" type="checkbox"/>	18. Disciplinary actions		
<input checked="" type="checkbox"/>	18b. Background checks		

<input type="radio"/>	19. Designated Head Teacher	Failed to maintain an approved head teacher.				
<input checked="" type="checkbox"/>	20. Two Staff present					
<input checked="" type="checkbox"/>	20a. Staff Qualities					
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children					
<input checked="" type="checkbox"/>	21b. Supervision					
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children					
<input checked="" type="checkbox"/>	23. Designated director - Training					
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)					
<input checked="" type="checkbox"/>	25. First Aid Trained Staff					
<input checked="" type="checkbox"/>	26. Consultants- Agreements and Contracts					
<input checked="" type="checkbox"/>	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? <input checked="" type="checkbox"/>
	Contracts					
	Logs					
	Do they take children swimming?	N SWIMMING				
<input checked="" type="checkbox"/>	28. Non-swimmers identified					
<input checked="" type="checkbox"/>	29. Staff/Child Ratios					
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)					
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision					
<b>RECORD KEEPING 19a-79-5a</b>						
<input checked="" type="checkbox"/>	32. Enrollment information					
<input checked="" type="checkbox"/>	33. Emergency medical permission					
<input checked="" type="checkbox"/>	34. Authorized release permission					
<input checked="" type="checkbox"/>	35. Field trip permission					
<input checked="" type="checkbox"/>	36. Transportation permission					

X	37. Child health records and immunizations	
O	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when observed 4 care plans are not signed by all staff responsible for child. There is not a care plan on site for a child with a chronic illness.
X	39. Injury, Illness, Accident reports	
<b>HEALTH AND SAFETY 19a-79-6a</b>		
X	40. Nutritious snacks and meals (required food groups)	
O	41. Proper refrigeration (max 45°)	Failed to maintain proper refrigeration for perishable foods in the toddler rooms. The perishable food is stored on top of a shelf. Observed eggs, chicken nuggets, yogurts, etc)
X	42. Kitchen separated	N/A?
X	43. Hand washing – before eating or food handling	
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	
<b>PHYSICAL PLANT 19a-79-7a</b>		
O	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services when observed: Pre-k-child couch stool has tear Child hall bathroom-2 plastic shelves on top of each other and not secured. Todd 2-child couch has tears
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 05/02/2023	Bacterial/Chemical Test (N/A?) X
X	50. Walkways maintained	
X	51. Designated staff toilet/sink	
X	52. All openings for ventilation screened	
X	53. Windows protected to prevent falls	
X	54. Glass protected up to 36”	
X	55. Overhead doors – locking devices, spring protectors	
X	56. Exits, Hallways and Stairs unobstructed	

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
O	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when observed a can of Febreze in a low drawer at child's reach.
X	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<b>X</b>	81. Program space-adequate square footage per child	
<b>X</b>	82. Equipment clean, good repair, safe, non-toxic	
<b>X</b>	83. Cots stored, maintained, adequate number	
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>O</b>	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials when there is no documentation for the rubber surface on site for review. Send copy
<b>O</b>	89. Playground free from hazards	Failed to ensure the playground is free of hazards when observed screw ends on gates are protruding, green slide has sharp edges at the bottom and gate to parking lot playground has a 7" gap, there is a gap 5" between both playgrounds and a gap of 4" between the parking lot playground and over 3's playground.
<b>X</b>	92. Equipment anchored, safely arranged	
<b>X</b>	93. Outdoor play area protected, fenced	
<b>X</b>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<b>X</b>	95. Written plan for daily program available to parents/staff	
<b>X</b>	96. Schedule – Activity choices and Program	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
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
<b>X</b>	97. Written policies, procedures	
<b>O</b>	98. Training outline on file	Failed to maintain outline of medication training on site.

NONPRESCRIPTION TOPICAL MEDICATIONS						
<b>X</b>	99. Administration, parent permission, MAR					
<b>O</b>	100. Labeling, storage	Failed to maintain proper labeling of medication when observed 4 diaper creams were not labeled.				
ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>O</b>	101. Med trained staff, certificates	Failed to ensure staff are trained to administer injectable medications when 2 injectables are on site.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 10%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table>		O/T/I	Injectable	Y	N
O/T/I	Injectable					
Y	N					
<b>O</b>	102. Authorized prescriber, parent permission, MAR	Failed to maintain written parent permission for 1 medication form. The child's address are not documented on 2 forms.				
<b>X</b>	103. Labeling, storage					
<b>X</b>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<b>X</b>	105. Authorized prescriber, parent permission, MAR					
<b>X</b>	106. Labeling, storage					
<b>X</b>	107. Approved petition for special medication authorization					
<b>Yes</b>	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
<b>X</b>	109. Approved endorsement					
<b>X</b>	110. Ratio: 1 staff to 4 children					
<b>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<b>O</b>	113. Adequate sinks in program space	Failed to maintain a separate sink for purposes other than hand washing after diapering when observed 2 toys in the handwashing sink in purple Toddler room.				
<b>O</b>	114. Free standing, well-constructed, safe cribs	Failed to maintain well constructed, free standing cribs when observed 8 cribs have wood chipping on top frame which appears to be teeth marks.				
<b>X</b>	115. Washable cots					
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray					
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment					
<b>X</b>	118. Refrigerators and food prop facilities					

<b>X</b>	119. Diaper area-sturdy, safety rail, nonporous, exclusive use					
<b>X</b>	120. Diaper area-washed, disinfected					
<b>X</b>	121. Diaper area-disposable paper sheets					
<b>X</b>	122. Covered waste receptacle					
<b>X</b>	123. Diaper changing policy posted, followed					
<b>X</b>	124. Hand washing policy posted, followed					
<b>X</b>	125. Individual storage of personal items					
<b>X</b>	126. Cribs/cots washed and disinfected					
<b>X</b>	127. Under 12 months- placed on back for sleeping					
<b>X</b>	128. Alternate sleep position-equipment, medical documentation	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td><b>X</b></td> </tr> </tbody> </table>	Yes	No		<b>X</b>
Yes	No					
	<b>X</b>					
<b>X</b>	129. Crib, bed used for infant sleeping					
<b>X</b>	130. Crib, bed free from observable hazards					
<b>X</b>	131. Infant toys separate, washed, disinfected daily					
<b>O</b>	132. No toys, objects less than 1/1/4" diameter	Failed to ensure small toys and other objects with a diameter of less than 1 1/4" are not accessible to children when observed art items in low drawers.				
<b>X</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible					
<b>X</b>	134. Health consultant, doc. of visits					
<b>X</b>	135. Infants held for bottles, indiv. attention, tummy time					
<b>X</b>	136. Written statement, feeding schedule from parent					
<b>X</b>	137. Unused portions of liquids discarded					
<b>X</b>	138. Clean Bottles, disp. bottles, approved bottle washing					
<b>X</b>	139. Food served from dish or whole jar served					
<b>X</b>	140. Bottles individually identified with child's name					

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>O</b>	142. Outdoor equipment developmentally appropriate	Failed to maintain developmentally appropriate equipment for infants and toddlers when observed the toddlers on a high rock wall and swing set. Owner stated it is for 3 and up.
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 10 children	
<b>X</b>	146. Group size – maximum 20 children	
<b>X</b>	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

<b>X</b>	159. Signed agreement with parents regarding equipment	
<b>X</b>	160. Materials discarded appropriately	
<b>X</b>	161. Authorized prescriber, parent permission	
<b>X</b>	162. Documentation of test results, actions taken	
<b>X</b>	163. Daily written parent notification	

**ADDITIONAL VIOLATIONS**

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		<b>X</b>	




**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Education Consultant needs to document annual reviews  
Cots are stored under wall changing tables which is not sanitary.  
Toddler 2-rug is not secured

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Cathy Anderson</b> (Printed Name)	<b>Candy Vargas</b> (Printed Name)	<b>05/23/2024</b>	<b>Sandrie Blanc</b> (Printed Name)