



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

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

<b>Program Name</b>	<b>IMAGINE NATION - A MUSEUM EARLY LEARNING CENTER</b>				<b>License Number</b>	<b>DCCC.16710</b>	<b>Date of Inspection</b>	<b>05/10/2024</b>		
					<b>Expiration Date</b>	<b>6/30/2025</b>	<b>Time of Inspection</b>	<b>09:30 AM</b>		
<b>Address</b>	<b>1 PLEASANT ST BRISTOL CT 06010-6254</b>				<b>Telephone</b>	<b>(860) 314-1400</b>	<b>Licensed Capacity</b>	<b>147</b>		
					<b>Hours of Operation</b>	<b>FROM: 7:30AM TO: 5:30PM</b>	<b>Infant/Toddler Capacity</b>	<b>16</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>5 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>michelle.fangiullo@imaginationation.org</b>				
<b>Operator</b>	<b>BRISTOL BOYS &amp; GIRLS CLUB ASSOCIATION</b>				<b>Name of Inspector</b>	<b>Betty Mayer</b>				
<b>Director</b>	<b>MICHELLE L FANGIULLO</b>				<b>Inspector's Email</b>	<b>elizabeth.mayer@ct.gov</b>				
<b>Key:</b>	<b>Compliant = X</b>	<b># of Infants - Toddlers Present</b>	<b>16</b>	<b># of Total Children Present</b>	<b>120</b>	<b># of Staff Present</b>	<b>25</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>	
<b>Non-Compliant = O</b>										

**LICENSURE PROCEDURES 19a-79-2a**

<b>O</b>	<b>1. Local Health Inspection</b> Date: 11/09/2021	<b>Failed to maintain current local health inspection.</b>
<b>X</b>	<b>1a. False or Misleading Statements</b>	

**ADMINISTRATION 19a-79-3a**

<b>X</b>	<b>1b. Administration</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>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	05/24/2023
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	<u>N/A?</u>
	Date	
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	<u>N/A?</u>
	Date	Results
	11/29/2005	1.0
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated 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 type="radio"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for social service consultant.																								
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X							Contracts						Logs			<input type="radio"/>		
Education	Health	Social Service	Dental	Dietician N/A?	X																					
Contracts																										
Logs			<input type="radio"/>																							
	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																									

<b>X</b>	37. Child health records and immunizations		
<b>X</b>	38. Individual care plan (signed by parents and staff)		
<b>X</b>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<b>X</b>	40. Nutritious snacks and meals (required food groups)		
<b>X</b>	41. Proper refrigeration (max 45°)		
<b>X</b>	42. Kitchen separated	N/A?	
<b>X</b>	43. Hand washing – before eating or food handling		
<b>X</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
<b>PHYSICAL PLANT 19a-79-7a</b>			
<b>X</b>	45. License premises – clean, good repair, hazard free		
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion		
<b>X</b>	48. Sanitary drinking fountains – disposable cups		
<b>X</b>	49. Lead Water Test (N/A?) 05/26/2022	Bacterial/Chemical Test (N/A?) <b>X</b>	
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
<b>X</b>	52. All openings for ventilation screened		
<b>X</b>	53. Windows protected to prevent falls		
<b>X</b>	54. Glass protected up to 36"		
<b>X</b>	55. Overhead doors – locking devices, spring protectors		
<b>X</b>	56. Exits, Hallways and Stairs unobstructed		

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

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N Y
<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>X</b>	88. Impact absorbing material under equipment	
<b>X</b>	89. Playground free from hazards	
<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>X</b>	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
<b>X</b>	99. Administration, parent permission, MAR					
<b>X</b>	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<b>X</b>	102. Authorized prescriber, parent permission, MAR					
<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?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
<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>X</b>	113. Adequate sinks in program space					
<b>X</b>	114. Free standing, well-constructed, safe cribs					
<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"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><b>X</b></td> </tr> </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>O</b>	131. Infant toys separate, washed, disinfected daily	Failed to ensure toys used for infants are kept separate, washed and disinfected at least daily when staff stated they clean the toys weekly.				
<b>X</b>	132. No toys, objects less than 1/1/4" diameter					
<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>O</b>	140. Bottles individually identified with child's name	Failed to ensure bottles are individually identified with the child's name when observed bottles in lunch boxes not individually labeled with children's name.				

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	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	
	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**

Lighting less than 50 candle feet in reading and art centers in 5A, 4A, 3B, 3A and 4B  
 Small hole in the wall in 4B near dramatic play  
 2 stained ceiling tiles in 5B

**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>Betty Mayer</b> (Printed Name)	 (Printed Name)	<b>05/24/2024</b>	<b>Michelle Fangiullo</b> (Printed Name)