

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Bright Horizons A Yale Affiliated Center	Date of Inspection:	2/11/25	Time of Arrival:	9:08am
Address:	230 West Campus Dr.	License Number:	15118	Expiration Date:	6/30/26
Town:	Orange 06477	Telephone Number:	203-795-8564	Summer Care:	open
Operator:	Bright Horizons Children's Centers	# of Staff Present:	30	# over 3 Present:	32
Email:	yalewestcampus@brighthorizons.com LLC	Total Capacity:	144	Total Under 3 capacity:	64
Designated Director:	April Winkowski	Hours/Days of Operation:	7:00am - 6:00pm M-F		

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

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

**STAFFING and CONSULTANTS 19a-79-4a cont.**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 3/4/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group—ratios
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 12.	(d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 36.	(f)(2)	Designated director—training
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 37.	(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38.	(h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39.	(h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance—children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40.	(4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 41.	(4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents	<input checked="" type="checkbox"/> 42.	(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43.	(e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44.	(i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> 45.	(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 27.	(o)	Capacity	<input checked="" type="checkbox"/> 46.	(i)(2)(A-H)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 28.	(e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47.	(F)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 29.	(e)(2)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> 48.	(i)(2)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 30.	(e)(3)	License posted	<input checked="" type="checkbox"/> 49.	(H)(i)-(I)(i)	Consultants—Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 31.	(e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50.		Consultant agreements—signed annually
<input checked="" type="checkbox"/> 32.	(e)(5)	Menus posted	<input checked="" type="checkbox"/> 51.		Agreements complete w/required services
<input checked="" type="checkbox"/> 33.	(e)(6)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 52.		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 34.	(e)(6)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 53.		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted	<input checked="" type="checkbox"/> 54.		Contracts
			<input checked="" type="checkbox"/> 55.		Losses
			<input checked="" type="checkbox"/> 56.		Visits

	Contracts	Losses	Visits
Education	0	0	0
Health	0	0	0
Soc. Serv.	0	0	0
Dietitian	0	0	0

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME Bright Horizons A Yale Affiliated Center LICENSE NUMBER 15118 DATE OF INSPECTION 2/11/25

RECORD KEEPING 19a-79-5

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		<b>LIGHTING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <u>1.8</u> N/A
<input checked="" type="checkbox"/>	(e)(17)	Results posted-Date: <u>1/19/25</u> (Schls-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>NA</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> 83.		
<input checked="" type="checkbox"/> 84.		
<input checked="" type="checkbox"/> 85.		
<input checked="" type="checkbox"/> 86.	(e)(3)	
<input checked="" type="checkbox"/> 87.	(e)(4)	
<input checked="" type="checkbox"/> 88.	(e)(5)	
<input checked="" type="checkbox"/> 89.	(e)(5)	
<input checked="" type="checkbox"/> 90.	(e)(6)	
<input checked="" type="checkbox"/> 91.	(e)(7)	
<input checked="" type="checkbox"/> 92.	(e)(7)	
<input checked="" type="checkbox"/> 93.	(e)(7)	
<input checked="" type="checkbox"/> 94.		

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/27/25</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<b>WATER SUPPLY</b> – Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>1/29/24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span> Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span> Lead Test: Y <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>NA</u>
<input checked="" type="checkbox"/>		Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

<b>PROGRAM NAME</b>	Bright Horizons A Yale Affiliated Center	<b>LICENSE NUMBER</b>	15118	<b>DATE OF INSPECTION</b>	2/11/25
<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		

✓	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
✓	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
✓	110.	(j)	No weapons/no facsimile of a firearm
✓	111.		<b>OUTDOOR SPACE</b>
✓		(h)(1)	Adequate space- 75 sq. ft. per child
✓		(h)(2)	Shock absorbing surfaces-minimum 8"
✓		(h)(3)	Playground free from hazards
✓		(h)(4)	Nuts, bolts, screws-tight, covered/protected
✓		(h)(5)	Outside equipment anchored-anchors buried
✓		(h)(6)	New equip- cert play. Inspection upon request
✓		(h)(8)	Drinking water available/accessible
✓		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
✓	112.		<b>OUTDOOR PROTECTED/FENCING</b>
✓		(h)(7)	Playground protected from traffic, water, gullies or other hazards
✓	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
✓		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
✓	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
✓			<b>WATER HAZARDS</b>
✓		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
✓		(i)	Wading pools prohibited
✓		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

✓	129.	(f)(1)	<b>LINENS/CLOTHING</b>
✓		(f)(2)	Linens/emergency clothing available
✓		(f)(3)	Linens washed weekly or as needed
✓		(f)(4)	Linens/clothing stored individually
✓	130.		<b>SAFE SLEEP</b>
✓		(g)(1)	Cribs/cots cleaned-linens changed when shared
✓		(g)(1)	Under 12 mths placed on back for sleeping
✓		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
✓		(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
✓		(g)(2)	Infants allowed to adopt other sleep positions
✓		(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
✓		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
✓		(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
✓		(g)(6)	Observe/assess infants at least every 15 minutes
✓		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
✓		(g)(8)	Safe sleep policies posted/parents informed
✓	131.	(h)(1)	Infant toys-separate/washed/sanitized daily
✓	132.	(h)(1)	Toddler toys-washed/sanitized weekly
✓	133.	(h)(2)	No toys/objects less than 1 ¼ " diameter
✓	134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
✓	135.	(i)(1)(2A-C)	Health consultant visits/documentation
✓	136.		<b>FEEDING</b>
✓		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
✓		(k)(1)	Written feeding schedule from parent-updated
✓		(k)(2)	Unused formula/milk discarded after feedings
✓		(k)(3)	Clean bottles/disposable bottles/appvd washing
✓		(k)(4)	Baby food served from dish or whole jar
✓		(k)(5)	Bottles labeled with child's name
✓	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
✓	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
✓	139.	(l)(3)	Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>			
✓	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
✓	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
✓		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
✓		(b)	Limited access to screen time/video games

<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>			
✓	117.	(b)	Approved Under 3 Endorsement
✓	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
✓	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
✓	120.	(c)(4)	Physical barriers- indoors/outdoors
✓	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
✓	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
✓	123.	(d)(2)(B)	Washable cots
✓	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
✓	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
✓	126.	(d)(2)(E)	Refrigerator and food prep facilities
✓	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
✓	128.		<b>DIAPERING</b>
✓		(e)(1)	Diaper area: elevated/sturdy/safety rail
✓		(e)(2)	Diaper area: used only for this purpose, located in the program area
✓		(e)(3)	Diaper area: non-porous surface/good repair
✓		(e)(4)	Diaper area: washed/disinfected after use
✓		(e)(5)	Diaper area: disposable paper sheets
✓		(e)(6)(9)	Covered waste receptacle-removed daily
✓		(e)(7)	Handwashing-staff/children
✓		(e)(8)	Diapering-Handwashing policies-posted/followed
✓		(e)(10)(A-C)	Cloth diapers-written plan developed

<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>			
✓	140.	(b)	Approved Schl Age Endorsement
✓	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
✓	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
✓		(c)(2)	Activities not a duplication of child's day
✓		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
✓		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
✓	143.	(d)	Ratio- 1:15
✓	144.	(e)	Group size- max. 30
✓	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
✓	146.	(g)	Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME: Bright Horizons Yale Affiliates LICENSE NUMBER: 15118 DATE OF INSPECTION: 2/11/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  Y/N CONF MONITORING OF DIABETES 19a-79-13  Y/N

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5) <u>NA</u>	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. <u>NA</u>	<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a  Y/N ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - <u>N/A</u>	Consent Order/Negotiated Corrective Action Plan conditions <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		

159. (a)(2) Admin/Parent permission/report errors  
 (a)(3)(A-B) Labeling and Storage  
 (a)(3)(C) Unused/expired meds destroyed/returned

<input checked="" type="checkbox"/> 160. (b)(1)(A/C) Medication training-general-oral/top/inhalant	<p><u>DISCUSSIONS - COMMENTS</u></p> <p>• Discussed new regs</p> <p>• all items v'd off were either observed or discussed</p> <p>• 3 classrooms currently not in use (SA, Inf 3 + 4)</p> <p>• All policies must reflect new regulations with changes in required policies. provided with new sample policy checklist.</p> <p>• Plastic protecting fingers getting shut in door in Kprep 2 cracked</p> <p>• Sink + fridge in school age room not in use not clean</p> <p>• Film on windows + doors peeling + cracking in multi use space + classrooms</p>
<input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication	
<input checked="" type="checkbox"/> (b)(1)(E) Rectal medication	
<input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C) Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168. (b)(6) Self-administration documentation	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization	
<input checked="" type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>	

SIGNATURE OF OEC STAFF: Fil Montanye PRINTED NAME: Fil Montanye

SIGNATURE OF PERSON IN CHARGE: April Winkowski PRINTED NAME: April Winkowski

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103

Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 2/25/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons + Yale Affiliated center License # 15118 Date: 2/11/25

Observations/Corrections needed:

Discussion Continued

- Program currently using print off of PD through Bright Horizons system. logs in binder / staff files missing number of hours worked and or total 1% needed for professional development per staff, exact dates of training and names of trainers missing. (Dates on print offs have registration date, start Dates + End Dates)
- All staff hired prior to new regs enacted Oct 2024 must complete health + safety training by 4/1/25 all new hires within 3 months of employment.
- observed snow covered playgrounds where poured turf is under all climbers.
- new complaint procedure on website

violations

Program not in compliance with:

- #21 when 1 staff currently working with children needs background check
- #35 ~~when~~ (1)(2)(A-H) when current agreements with required services were missing on social service, health + education consultant. missing duties within new regulations
- #88 when walls <sup>bathroom</sup> in between classroom P1 + Kp1 were observed to be porous by toilet paper dispenser and wall chipping upper Soap dispenser. Corner trim of wall + floor collecting dirt in space not sealed.

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: Fl Montanye

Signature: [Signature]  
 (Person in Charge)  
 Print Name: April Winkowski

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/25/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizon At Yale a Filiated Center License # -15718 Date: 2/11/25

Observations/Corrections needed:

#122 when crib dates were observed to be stamped June 2011  
no documentation on site of meeting CPSC requirements  
#111 - when bolts on 3 gates were observed protruding on  
upper playgrounds and when wooden trim observed  
expanded and nail protrudes at bottom playground (top step  
area to picnic tables)

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: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/25/25

Signature: [Signature]  
(Person in Charge)

Print Name: April Winkowski