



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



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+Early Children's Learning Centers | Date of Inspection:      | 2/3/2025              | Time of Arrival:        | 855AM     |                    |          |
| Address:             | 139 Mile Rock Rd. East                   | License Number:          | 70361                 | Expiration Date:        | 7/31/2025 |                    |          |
| Town:                | Old Saybrook, CT 06475                   | Telephone Number:        | 860-388-3000          | Summer Care:            | Open      |                    |          |
| Operator:            | Bright+Early Old Saybrook, LLC           | # of Staff Present:      | 29                    | # over 3 Present:       | 36        | # under 3 Present: | 64       |
| Email:               | apilebrightandearly.com                  | Total Capacity:          | 147                   | Total Under 3 capacity: | 88        | Ages Served:       | 6w-12yrs |
| Designated Director: | Cheri Brisson                            | Hours/Days of Operation: | Monday-Friday 7AM-6PM |                         |           |                    |          |

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.

☒ 1. (c)(8) Local Health Inspection-Date: 6/3/2023

ADMINISTRATION 19a-79-3a

- ☒ 2. (a) Ensuring health & safety of children
- ☒ 3. (b) Overall management of program
- ☒ 4. (b)(6) Employee orientation for new program staff
- ☒ 5. (b)(6) Annual policy training for program staff
- ☒ 6. (b)(7)(A) Child behavior management
- ☒ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- ☒ 8. (b)(7)(C) Child Protection
- ☒ 9. (b)(7)(E) Mandated Reporting
- ☒ 10. (c)(1-4) Notification of Change
- ☒ 11. POLICIES-COMplete/IMPLEMENTED
  - ☒ (d)(2)(A) Discipline policy
  - ☒ (d)(2)(B)-C Child Protection policy
  - ☒ (d)(3) Closing time policy
  - ☒ (d)(4)(A) Medical emergency policy
  - ☒ (d)(4)(B) Multi-Hazards policy-annual drill
  - ☒ (d)(5) Supervision policy
  - ☒ (d)(6) General Operating policies
  - ☒ (d)(6)(C) Administrative Oversight policy
  - ☒ (d)(7) Personnel policies
- ☒ 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- ☒ 13. ACCESS
  - ☒ (f) Immediate access by parents
  - ☒ (h) Immediate access by OEC-facility/records
- ☒ 14. (l) 2.8 yr olds enrolled in preschool-authorization
- ☒ 15. (m) Motor vehicle laws-transportation
- ☒ 16. (n) Capacity
- ☒ 17. (o) Respond to OEC-no false, misleading statements or documents
- ☒ 18. POSTINGS
  - ☒ (e)(1) License posted
  - ☒ (e)(2) OEC Complaint Procedure posted
  - ☒ (e)(3) Menus posted
  - ☒ (e)(4) No Smoking posted signs at entrances
  - ☒ (e)(5) OEC Inspection report posted or available
  - ☒ (e)(6) Developmental Milestones posted

- ☒ 19. (a)(1) Staff health records
- ☒ 20. (a)(3) Disciplinary actions
- ☒ 21. (b) Comprehensive Background Checks
- ☒ 22. (b)(4) Evidence of compliance
- ☒ 23. (d) Adequate staffing
- ☒ 24. (d)(1) Designated head teacher-approved-60%
- ☒ 25. (d)(2) Two staff present-age 18 or older
- ☒ 26. (d)(3)(A-C) Personal qualities of staff
- ☒ 27. RATIOS
  - ☒ (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - ☒ (d)(4)(B) Mixed age group-ratios
  - ☒ (d)(6) Nap time ratio
  - ☒ (d)(4)(D) Supervision-Indoors/Outdoors
- ☒ 28. GROUP SIZE
  - ☒ (d)(5) Group Size-Indoors/Outdoors
  - ☒ (d)(5)(A) Group Size-school age field trips/outdoors
  - ☒ (d)(5)(B) Mixed age group-group size
- ☒ 30. (e)(1) Designated director-training
- ☒ 31. (f)(1) CPR certified program staff
- ☒ 32. (f)(2) First aid certified program staff
- ☒ 33. PROFESSIONAL DEVELOPMENT
  - ☒ (a)(2) Documentation
  - ☒ (h)(1)(2) Health & Safety training
  - ☒ (h)(1)(2) 1% annual hours
- ☒ 34. SWIMMING ACTIVITIES - Y/N
  - ☐ (4)(C)(ii-v) Swimming-Ratios
  - ☐ (4)(C)(i) Non-swimmers identified
  - ☐ (e)(6) CPR certified staff-age 20 or older
  - ☐ (e)(6) Lifeguard-certified-supervising
- ☒ 35. CONSULTANTS
  - ☐ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - ☒ (i) Consultant agreements-signed annually
  - ☒ (i)(2)(A-H) Agreements complete w/required services
  - ☒ (F) Consultant logs-documented activities, observations and required services
  - ☒ (i)(2) Consultant visits- Education/Health
  - ☒ (H)(i)-(I)(i)

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    |        |
| Health     | ✓         | ✓    |        |
| Soc. Serv. | ✓         | ✓    |        |
| Dietitian  | N/A       | N/A  |        |

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

|              |                                                   |                |              |                    |                 |
|--------------|---------------------------------------------------|----------------|--------------|--------------------|-----------------|
| PROGRAM NAME | <i>Bright + Early Children's Learning Centers</i> | LICENSE NUMBER | <i>70361</i> | DATE OF INSPECTION | <i>2/5/2025</i> |
|--------------|---------------------------------------------------|----------------|--------------|--------------------|-----------------|

## RECORD KEEPING 19a-79-5

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

## HEALTH and SAFETY 19a-79-6a

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

## PHYSICAL PLANT 19a-79-7a

- ☒ 62. (a)(2) Fire marshal codes/certificate *12/16/2024*
- ☒ 63. (b) Indoor/Outdoor space inspected/approved
- ☒ 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- ☒ 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- ☒ 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- ☒ 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) *N/A*
- ☒ 68. (c)(4) Testing of premises/grounds for chemicals
- ☒ 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- ☒ (c)(5)(B) Lead Water Test - Date: *5/10/2023*
- ☒ (c)(5)(C) Bact./Chem Test-Date: *N/A*
- ☒ 70. (c)(6)(A) Drinking water available/accessible
- ☒ LEAD PAINT -
- ☒ (c)(6)(A) Peeling Paint - Y/*N* Inside/Outside
- ☒ (c)(6)(B-D) Building Pre-78: Y/*N* Lead Test: Y/*N*
- ☒ Results *N/A*
- ☒ Lead Management Plan *N/A*
- ☒ 71. (d)(1) Emergency vehicle access

## PHYSICAL PLANT 19a-79-7a cont.

- ☒ 72. (d)(2) Walkways maintained
- ☒ 73. (d)(3) Windows protected to prevent falls
- ☒ 74. (d)(3) Window screens (Schl age only- N/A)
- ☒ 75. (d)(4) Glass and mirrors protected to 36"
- ☒ 76. (d)(5) Overhead doors-locking devices, spring protectors *N/A*
- ☒ 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- ☒ 78. (d)(7) Individual storage of clothing/bedding
- ☒ 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- ☒ 80. (d)(8) Matches/lighters inaccessible
- ☒ 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- ☒ 82. TOILETING
- ☒ (d)(10)(A) Shared toilets/sinks-supervision plan
- ☒ (d)(10)(B) Toileting needs met
- ☒ (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- ☒ (d)(10)(C) Required toilets/sinks-1:16
- ☒ (d)(10)(D) Required toilets/sinks-1:25 schl age only
- ☒ (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- ☒ (d)(10)(F) Handwashing staff/children
- ☒ (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
- ☒ (d)(10)(G) Well lighted/ventilated toilet rooms
- ☒ (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
- ☒ (d)(11) Staff personal articles inaccessible
- ☒ AIR TEMPERATURE
- ☒ (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- ☒ (e)(2) Air temp <65°F comfortable (Schl age only-N/A)
- ☒ (e)(3) Air temp > 80 °F - ↑ fluids/ventilation
- ☒ (e)(4) Water temperature 60 °F - 120 °F
- ☒ (e)(5) Portable space heaters prohibited
- ☒ (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- ☒ (e)(6) Rugs- not tripping/slipping hazard
- ☒ (e)(6) Hot water/Steam pipes protected
- ☒ (e)(7) Working phone on each level
- ☒ (e)(7) Emergency numbers posted-adjacent to phones
- ☒ (e)(7) Parents provided direct on site phone number
- ☒ LIGHTING
- ☒ (e)(8) All areas min. 1 foot candle of lighting
- ☒ (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- ☒ (e)(9) Schl age only-lighting for comfort
- ☒ (e)(9) Light fixtures shielded/shatter proof
- ☒ (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
- ☒ (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- ☒ (e)(12) Stairs-protected/good repair-handrails
- ☒ (e)(13) Toxic plants/materials inaccessible
- ☒ (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- ☒ (e)(16) Prevention of vermin-openings screened
- ☒ (e)(17) Radon test- Results: *4/11/2019* N/A
- ☒ (e)(17) Results posted-Date: *1.0* (Schls-N/A)
- ☒ (e)(18) Carbon monoxide detector-each level N/A
- ☒ (f)(1)(A) Program space-adequate-35 sq. ft. per child
- ☒ (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- ☒ (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- ☒ (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
- ☒ (g)(4) Developmentally app equipment, materials

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

|              |                                            |                |       |                    |          |
|--------------|--------------------------------------------|----------------|-------|--------------------|----------|
| PROGRAM NAME | Bright + Early Children's Learning Centers | LICENSE NUMBER | 70361 | DATE OF INSPECTION | 2/3/2025 |
|--------------|--------------------------------------------|----------------|-------|--------------------|----------|

## PHYSICAL PLANT 19a-79-7a cont.

- ☒ 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. **OUTDOOR SPACE**
- ☒ (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 playg. Inspection upon request
- ☒ (h)(8) Drinking water available/accessible
- ☒ (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- ☒ 112. **OUTDOOR PROTECTED/FENCING**
- ☒ (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
- ☒ (h)(7)(C) Rooftop play areas-6 ft. wall/barrier
- ☒ 114. **WATER HAZARDS**
- ☒ (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
- ☒ (i) Wading pools prohibited
- ☒ (i) Hot tubs/spas/saunas-locked/inaccessible

## EDUCATIONAL REQUIREMENTS 19a-79-8a

- ☒ 115. (a) Written daily/weekly educational plan-developmentally appropriate
- ☒ 116. (a) **EDUCATIONAL REQUIREMENTS**
- ☒ (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

## UNDER THREE ENDORSEMENT 19a-79-10 cont.

- ☒ 129. **LINENS/CLOTHING**
- ☒ (f)(1) Linens/emergency clothing available
- ☒ (f)(2) Linens washed weekly or as needed
- ☒ (f)(3) Linens/clothing stored individually
- ☒ (f)(4) Cribs/cots cleaned-linens changed when shared
- ☒ 130. **SAFE SLEEP**
- ☒ (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 1/4" diameter
- ☒ 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- ☒ 135. (i)(1)(2A-C) Health consultant visits/documentation
- ☒ 136. **FEEDING**
- ☒ (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 1/4"-or measures in place to ensure their health & safety

## UNDER THREE ENDORSEMENT 19a-79-10 ☒ N

- ☒ 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. **DIAPERING**
- ☒ (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

## SCHOOL AGE ENDORSEMENT 19a-79-11 ☒ N

- ☒ 140. (b) Approved Schl Age Endorsement
- ☒ 141. (c) **SCHEDULE - ACTIVITIES**
- ☒ 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
- ☒ (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- ☒ 143. (e) Ratio- 1:15
- ☒ 144. (f) Group size- max. 30
- ☒ 145. (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- ☒ 146. Head teacher approved- 60%

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM NAME<br><i>Bright &amp; Early Children's Learning Centers</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICENSE NUMBER<br><i>70361</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE OF INSPECTION<br><i>2/3/2025</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> 147. (b)<br><input type="checkbox"/> 148. (b)(1)<br><input type="checkbox"/> 149. (b)(2)<br><input type="checkbox"/> 150. (b)(3)<br><input type="checkbox"/> 151. (b)(4)<br><input type="checkbox"/> 152. (b)(5)<br><input type="checkbox"/> 153. (b)(6)<br><input type="checkbox"/> 154. (b)(8)<br><input type="checkbox"/> 155. (b)(9)<br><input type="checkbox"/> 156. (b)(10)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Approved Night Care Endorsement<br>Person in charge-head teacher<br>Written plan for program activities- meet individual needs, sleep patterns, quiet activities<br>Written plan for supervision including cot placement and evacuation<br>Children in care no more than 12 hrs. in 24<br>Staff awake and available<br><b>SLEEP PROVISIONS</b><br>Individual cot/crib with bedding<br>Sleeping apparel/toiletries labeled<br>Required bedding<br>Required toiletries<br>Bedding/sleeping apparel laundered weekly<br>Sleep arrangements for infants<br>Air temp 65 °F at 3 ft<br>Fire marshal approval-hours specified<br>Local health approval                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> 171. (a)(1)<br><input checked="" type="checkbox"/> 172. (b)(1)(A)<br>(b)(1)(B)<br>(i)-(iii)<br><input checked="" type="checkbox"/> 173. (b)(2)<br><input checked="" type="checkbox"/> 174. (b)(3)<br><input checked="" type="checkbox"/> 175. (c)(2)<br><input checked="" type="checkbox"/> 176. (c)(3)<br><input checked="" type="checkbox"/> 177. (d)(1)<br><input checked="" type="checkbox"/> 178. (d)(2)<br><input checked="" type="checkbox"/> 179. (d)(3)<br>(e)(1)<br>(e)(2)<br>(e)(3) | Written policies and procedures<br><b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions<br>Training updated at least every 3 years<br>Written documentation of training<br>Trained staff on site when child is present<br>Self-administration - written authorization and under supervision of trained staff<br>Equipment provided by parents<br>Equipment labeled and inaccessible<br>Signed agreement with parent regarding equipment, supplies, materials to be discarded<br>Authorized prescriber written order<br>Written authorization from parent<br>Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDITIONAL VIOLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> 157. (9a)<br><input checked="" type="checkbox"/> 158. (9a)<br><input checked="" type="checkbox"/> 159. (a)(2)<br>(a)(3)(A-B)<br>(a)(3)(C)<br><input checked="" type="checkbox"/> 160. (b)(1)(A/C)<br>(b)(1)(D)<br>(b)(1)(E)<br>(b)(1)(F)<br>(b)(2)(A-B)<br>(b)(2)(C)<br><input checked="" type="checkbox"/> 161. (b)(3)(A-B)<br><input checked="" type="checkbox"/> 162. (b)(3)(D)<br><input checked="" type="checkbox"/> 163. (b)(4)(A-B)<br><input checked="" type="checkbox"/> 164. (b)(5)(A-B)<br><input checked="" type="checkbox"/> 165. (b)(5)(C)<br><input checked="" type="checkbox"/> 166. (b)(5)(D)<br><input checked="" type="checkbox"/> 167. (b)(5)(E)<br><input checked="" type="checkbox"/> 168. (b)(6)<br><input checked="" type="checkbox"/> 169. (b)(7)(A-B)<br><input checked="" type="checkbox"/> 170. (d) | Written medication policies/procedures<br>Permit enrollment of children with asthma, allergies, diabetes<br><b>NONPRESC. TOPICAL MEDICATION</b><br>Admin/Parent permission/report errors<br>Labeling and Storage<br>Unused/expired meds destroyed/returned<br><b>MEDICATION TRAINING</b><br>Medication training-general-oral/top/inhalant<br>Injectable premeasured autoinjector medication<br>Rectal medication<br>Injectable other than premeasured auto-injector<br>Training approval documents/certificates<br>Training outline on file<br>Authorized prescriber/parent permission<br>Medication errors- documentation, parent(s) and OEC notification<br>Medication Administration Records (MAR)<br>Labeling and Storage<br>Emergency medication inaccessible<br>Unused/Expired meds-destroyed/returned<br>Auto-injector/inhalant equipment<br>Self-administration documentation<br>Petition for special medication authorization<br>Potassium Iodide (KI) emergency distribution-permission and storage <i>(N/A)</i> | <input checked="" type="checkbox"/> 180. -<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Consent Order/Negotiated Corrective Action Plan conditions<br><i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SIGNATURE OF OEC STAFF<br><i>Budget Merrill</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIGNATURE OF PERSON IN CHARGE<br><i>A. Ullrich</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PRINTED NAME<br><i>BUDGET MERRILL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRINTED NAME<br><i>Ashley Marrara</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OEC DIVISION OF LICENSING<br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection shall be posted or available for review upon request.<br>Written Corrective Action Plan Due by: <i>2/17/2025</i><br>CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright+Early Children's Learning Centers License # 70361 Date: 2/3/2025

Observations/Corrections needed:

- #35- observed all consultant agreements to be missing updated language in regulations
- #66- observed stained ceiling tiles in Toddler 6 bathroom, staff bathroom and back hall by Toddler 5
- #109- observed indoor climbing equipment without shock material under and around each structure in Young Toddler 16, Young Toddler 3, Young Toddler 4, Toddler gym and Toddler 12
- #121- observed utensils in hand wash sink in Toddler 12
- #159- observed expired or no diaper cream permission forms in Infant 2, Young Toddler 16, Young Toddler 3, Toddler 6, Preschool 8 and Toddler 12
- #161- observed incomplete medication authorizations in Young Toddler 16 and Young Toddler 3 and expired medication authorizations in Preschool 10
- #164- observed no Rx label for Epi-Pen in Preschool 10

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: \_\_\_\_\_

2/17/2025

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Bridgette Merrill  
(OEC Representative)  
A. Marrara  
(Person in Charge)  
Ashley Marrara