

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

New Beginnings Early Learning Center - Bristol		4/3/25	8:49am
1168 Farmington Ave		70616	6/30/25
Bristol, CT 06010		860-261-7658	open
New Beginnings Early Learning Center LLC		# of Staff Present: 7	# over 3 Present: 10
djmb24@hotmail.com		Total Capacity: 52	# under 3 Present: 9
Dorothy Minnick		Total Under 3 capacity: 32	Ages 6 weeks - 12 years Served: 12 years
		M-F 7:00am - 5:30pm	

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

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

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Health	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>		
Dietitian	<input checked="" type="checkbox"/>		

CHILD CARE CENTER OF CHILD CARE

PROGRAM NAME

New Beginning Early Learning Center - Bristol

70616

4/3/25

RECORD KEEPING

PHYSICAL PLANT 19-79-7

- 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

- 71. (d)(1)
- 72. (d)(2)
- 73. (d)(3)
- 74. (d)(3)
- 75. (d)(4)
- 76. (d)(5)
- 77. (d)(6), (f)(3)
- 78. (d)(7)
- 79.
- (d)(8)
- (d)(8)
- (d)(9)
- 81.
- 82.

- Emergency vehicle access
- Walkways maintained
- Windows protected to prevent falls
- Window screens
- Glass/mirrors protected- 36"
- Overhead doors-locking devices, spring protectors (N/A)
- Exits, stairs, hallways unobstructed
- Individual storage of clothing and bedding
- SMOKING**
- Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- Matches/lighters inaccessible
- Electrical safety - outlets inaccessible - covered or protected

- PHYSICAL PLANT SAFETY 19-79-6a
- 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 11/7/24 (N/A)
  - 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
  - 52. (a)(7) Separate hand washing facilities
  - 53. (a)(8) Multi-use eating/drinking utensils
  - 54. (a)(9) Kitchen separated (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
  - (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
  - (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
- 83. (e)(1)
- 84. (e)(2)
- 86. (e)(3)
- 87. (e)(4)
- 88. (e)(4)
- (e)(5)
- (e)(5)
- (e)(6)
- (e)(7)
- (e)(7)
- (e)(7)
- 94. (e)(8)
- (e)(8)
- (e)(9)
- (e)(9)
- (e)(9)
- (e)(9)
- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

- TOILETING**
- Shared toilets/sinks-supervision plan
- Toileting needs met
- Potty chairs-nonporous, emptied, disinfected
- Required toilets/sinks-1:16
- Toileting Supplies-Hand drying-Garbage
- Handwashing staff/children
- Toilets/sinks located at the facility
- Well lighted/ventilated toilet rooms
- Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- Staff personal articles inaccessible
- AIR TEMPERATURE**
- Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
- Air temp > 80 °F - ↑ fluids/ventilation
- Water temperature 60°F-120°F
- Portable space heaters prohibited
- WALLS/CEILINGS/FLOORS/RUGS**
- Walls/ceilings/floors/rugs-clean/good repair
- Rugs- not a tripping/slipping hazard
- Hot water/Steam pipes protected
- TELEPHONE/TELEPHONE NUMBERS**
- Working phone on each level
- Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- LIGHTING**
- All areas min. 1 foot candle of lighting
- Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- Enough lighting for comfort
- Light fixtures shielded/shatter proof
- Potentially hazardous substances, materials labeled, inaccessible
- Garbage/rubbish-disposed of daily, containers in good repair
- Stairs-protected/good repair-handrails
- Toxic plants/materials inaccessible
- Pets or other animals-in good health, written care plan including access to children
- Measures to prevent vermin
- Radon test- Results: 0.9 (Schls-N/A)
- Carbon monoxide detector-each level N/A
- Program space-adequate-35 sq. ft. per child
- Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- Air conditioners/water heaters/fuse boxes inaccessible
- Developmentally app equipment, materials

- PHYSICAL PLANT 19-79-7a
- 62. (a)(2) Fire marshal codes/certificate 2/10/25
  - 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
  - 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (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: 2/14/24
  - (c)(5)(C) Bact./Chem Test-Date: 2/14/24 (N/A)
  - 70. (c)(6)(A) Drinking water available/accessible
  - (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N
  - (c)(6)(B-D) Results \_\_\_\_\_
  - Lead Management Plan \_\_\_\_\_
  - Peeling Paint - Y/N Inside/Outside

- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

- Working phone on each level
- Emergency numbers posted-adjacent to phones
- Parents provided direct on site phone number
- LIGHTING**
- All areas min. 1 foot candle of lighting
- Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- Enough lighting for comfort
- Light fixtures shielded/shatter proof
- Potentially hazardous substances, materials labeled, inaccessible
- Garbage/rubbish-disposed of daily, containers in good repair
- Stairs-protected/good repair-handrails
- Toxic plants/materials inaccessible
- Pets or other animals-in good health, written care plan including access to children
- Measures to prevent vermin
- Radon test- Results: 0.9 (Schls-N/A)
- Carbon monoxide detector-each level N/A
- Program space-adequate-35 sq. ft. per child
- Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- Air conditioners/water heaters/fuse boxes inaccessible
- Developmentally app equipment, materials

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

<b>PROGRAM NAME</b>	New Beginning MAs Early Learning Center - Bristol	<b>LICENSE NUMBER</b>	70616	<b>DATE OF INSPECTION</b>	4/3/25
---------------------	---	-----------------------	-------	---------------------------	--------

**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>		(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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

**UNDER THREE ENDORSEMENT 19a-79-10** (YN)

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		<b>DIAPERING</b>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-slug fitting mattress (tightly fitted sheet) Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.		
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

**SCHOOL AGE ENDORSEMENT 19a-79-11** (YN)

<input checked="" type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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

<b>PROGRAM NAME</b>	New Beginnings Early Childhood Center	<b>LICENSE NUMBER</b>	70616	<b>DATE OF INSPECTION</b>	4/3/25
---------------------	---------------------------------------	-----------------------	-------	---------------------------	--------

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
---	---

<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	
		(b)(1)(B)	
		(i)-(iii)	
		(b)(2)	
		(b)(3)	
		(c)(2)	
<input checked="" type="checkbox"/>	173.	(c)(3)	
<input checked="" type="checkbox"/>	174.	(d)(1)	
<input checked="" type="checkbox"/>	175.	(d)(2)	
<input checked="" type="checkbox"/>	176.	(d)(3)	
<input checked="" type="checkbox"/>	177.	(e)(1)	
<input checked="" type="checkbox"/>	178.	(e)(2)	
<input checked="" type="checkbox"/>	179.	(e)(3)	

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-6am) Y/N**

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<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**

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
		(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>MEDICATION TRAINING</b>
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(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 (N/A)

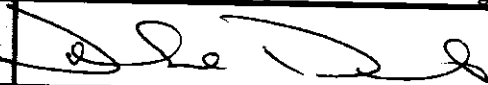
**ADDITIONAL VIOLATION**

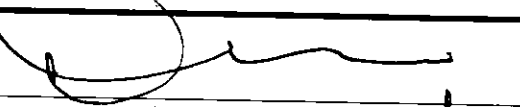
<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	---	--

**DISCUSSIONS/COMMENTS**

"Policy review checklist provided during inspection. High lighting changes to the child care center home regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements."

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

<b>Signature of OEC staff</b>	
<b>Printed Name</b>	Johanne DeSo

	<b>Signature of person in charge</b>
Dorothy Minnifield	<b>Printed Name</b>

DEC DIVISION OF LICENSING  
 50 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: 4/15/25	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: New Beginnings Early Learning Center - Bristol License # 70616 Date: 4/13/25

## Observations/Corrections needed:

→ Regulation was not in compliance when...

- #2(a): Observed a prescriber's authorization for Benachyl and child has Zync.
- #18 10(a)(8): Sleep sleep policy not posted in infant room
- #28 (d)(4)(D): Observed child left by himself at the bathroom sink while staff when down the hallway and opened outside door
- #35 (i)(2)(A-H): Observed 3 agreements without all required services (Health, S.S. Dietitian)
- #35 (F): Observed no document of policies review by Social Service and Dietitian consultants
- #49 (a)(4): Observed posted menus dated 2-24 to 2-28.
- #54 (a)(8): Observed door to the kitchen opened.
- #77 (d)(6): Observed 2 exit doors obstructed (infant, toy in front of door, Preschool (1 cot and trashcan))
- #78 (e)(7): Observed children blanket pile on top of other on floor corner of cubbies (Preschool)
- #86 (e)(3): Observed all program sinks with water temperature exceeding 120°F (125.2 to 131.1)
- #94 (e)(9): Observed 6 light bulbs without light fixtures.

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: \_\_\_\_\_

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

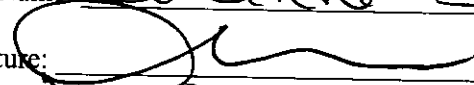
OEC BY: \_\_\_\_\_

4/17/25



(QEC Representative)

Johanne Daw



(Person in Charge)

Dorothy Minifie

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Beginnings Early Learning Center - Bristol License # 70616 Date: 4/13/25

Observations/Corrections needed:

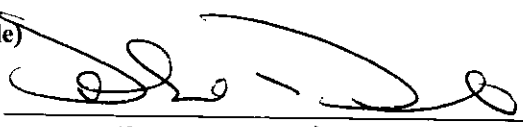
- #111(n)(2): Observed less than 8" of shock absorbing surfaces on 2 playground (climber + swing)
- #111(n)(3): Observed black tarp protruding at bottom of slide (tripping hazard)
- #128(e)(2): Upon arrival, observed food (bars) on top of changing table.
- #128(e)(8): Observed no diapering policies posted in 2 rooms (T2, T3) and no handwashing policies posted in (T3)
- #130(g)(1): Observed no tight-fitted sheet in 2 cribs.
- #136(x)(5): Observed 2 bottles without child's name.
- #166(b)(5)(D): Observed 1 expired albuterol (9/24)
- #200
- #41(a)(3)(A): Observed all care plans without all staff signature (staff caring for child)

Discussion:

- 2 authorization release without parent signature
- 1 emergency permission without parent signature
- Observed 2 bags with diapers hanging from 2 doors on playground
- door to playground left opened.
- T.V on for Staff with News (next to children bathroom)

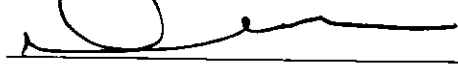
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:   
(OEC Representative)

Print Name: Johanne Dabo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

OEC BY: 4/17/24

Print Name: Dorothy Minifie