

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 and Early	Date of Inspection:	4/21/25	Time of Arrival:	11:00
Address:	204 Danbury Rd	License Number:	70604	Expiration Date:	3/31/29
Town:	New Milford	Telephone Number:	(860) 350-2445	Summer Care:	Open
Operator:	Bright + Early New Milford LLC.	# of Staff Present:		# over 3 Present:	39
Email:	nicoleebrightandearly.com	Total Capacity:	124	Total Under 3 capacity:	44
Designated Director:	Nicole Worley	Hours/Days of Operation:		Ages Served:	12yrs -

Instruction Codes:  = Regulation in Compliance    0 = Regulation not in Compliance    N/A = Not applicable at this time

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

1. (c)(8) Local Health Inspection-Date: 10/7/24

19. (a)(1)  
 20. (a)(3)  
 21. (b)  
 21a. (b)(2)  
 22. (b)(4)  
 23. (d)  
 24. (d)(1)-(e)(2)  
 25. (d)(2)  
 26. (d)(3)(A-C)  
 27.

Staff health records  
 Disciplinary actions  
 Comprehensive Background Checks  
 Past employment history  
 Evidence of compliance with bknd cks/history  
 Adequate staffing  
 Designated head teacher—approved-60%  
 Two staff present—age 18 or older  
 Personal qualities of staff

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-COMLETE/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 in prek-authorization  
 15. (m) Motor vehicle laws—transportation  
 16. (n) Capacity  
 17. (o) Respond to OEC-no false, misleading statements or documents  
 18. POSTINGS  
 3a(e)(1) License posted  
 3a(e)(2) OEC Complaint Procedure posted  
 3a(d)(6)(C) Administrative Oversight policy  
 3a(e)(3) Menus posted  
 3a(e)(4) No Smoking posted signs at entrances  
 3a(e)(5) OEC Inspection report posted or available  
 3a(e)(6) Dev. Milestones posted  
 7a(e)(17) Radon Test posted (Schls-N/A)  
 10((g)(8) Safe Sleep policy posted

28. (d)(4)(D)  
 29.  
 (d)(5)  
 (d)(5)(A)  
 (d)(5)(B)  
 30. (e)(1)  
 31. (f)(1)  
 32. (f)(2)  
 33.

RATIOS  
 Ratio 1:10 – Indoors/Outdoors  
 Mixed age group  
 Nap time ratio  
 Supervision—Indoors/Outdoors  
GROUP SIZE  
 Group Size—Indoors/Outdoors  
 Group Size—school age field trips/outdoors  
 Mixed age group—group size  
 Designated director—training  
 CPR certified program staff  
 First aid certified program staff

(a)(2)  
 (b)(1)  
 (h)(2)  
 34.  
 (4)(C)(ii-v)  
 (4)(C)(i)  
 (e)(6)  
 (e)(6)  
 35.  
 (i)(1)(A)-(D)  
 (i) -  
 (i)(2)(A-H)  
 (F)  
 (i)(2)  
 (H)(i)-(I)(i)

PROFESSIONAL DEVELOPMENT  
 Documentation of prof. dev/trainings  
 Health & Safety training  
 1% annual hours  
SWIMMING ACTIVITIES - Y/N  
 Swimming-Ratios  
 Non-swimmers identified  
 CPR certified staff—age 20 or older  
 Lifeguard—certified—supervising

CONSULTANTS  
 Consultants—Education, Health, Social Service, Dietitian (Dietitian N/A)  
 Consultant agreements—signed annually—agreements complete w/required services  
 Consultant logs—documented activities, observations and required services  
 Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

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

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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	128.	<input checked="" type="checkbox"/>	(e)(2)
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/>	(e)(3)
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>		<input checked="" type="checkbox"/>	(e)(4)
		(h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/>	(e)(5)
		(h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/>	(e)(6-9)
		(h)(3)	Playground free from hazards		<input checked="" type="checkbox"/>	(e)(7)
		(h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/>	(e)(8)
		(h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/>	(e)(10)(A-C)
		(h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/>	129.	(f)(1)
		(h)(8)	Drinking water available/accessible			(f)(2)
		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous			(f)(3)
<input checked="" type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCED</u>	<input checked="" type="checkbox"/>	130.	(f)(4)
		(h)(7)	Playground protected from traffic, water, gullies or other hazards			(g)(1)
		(h)(7)(A)	Fences installed to protect from hazards-4 ft			(g)(1)
		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks			(g)(1)
		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)			(g)(2)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>			(g)(3)
		(i)	Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61			(g)(4)
		(i)	Wading pools prohibited			(g)(5)
		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)			(g)(6)

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	
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<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents			
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input checked="" type="checkbox"/>	131.	(h)(1)
		(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			(h)(1)
		(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			(h)(2)
						(h)(2)
				<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)
				<input type="checkbox"/>	136.	
						(j)
						(k)(1)
						(k)(2)
						(k)(3)
						(k)(4)
						(k)(5)
				<input checked="" type="checkbox"/>	137.	(l)(1)

<b>UNDER THREE ENDORSEMENT 19a-79-10</b>	(Y/N)
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<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement			
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)			
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	(Y/N)
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<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/>	140.	(b)
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input checked="" type="checkbox"/>	141.	(c)
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots			(c)(1)
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			(c)(2)
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			(c)(3)
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities			
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/>	128.		<u>DIAPERING</u>	<input checked="" type="checkbox"/>	143.	(d)
		(e)(1)	Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/>	144.	(e)

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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	<b>Children's Enrollment information</b> <b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7) (d)(8)  (d)(8) (d)(9)  (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)  (e)(1)  (e)(2) (e)(3) (e)(4)  (e)(5) (e)(5) (e)(6)  (e)(7) (e)(7) (e)(7)  (e)(8) (e)(9) (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2) (g)(3) (g)(4)	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 <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected <b>TOILETING</b> 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 <b>AIR TEMPERATURE</b> 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 <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> 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: <u>1-0</u> (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
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) (c)  (c)  (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.
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**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67.  <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3)  (c)(4) (c)(5)(A) (c)(5)(B) (c)(5)(C)  (c)(6)(A) (c)(6)(B-D)	Fire marshal codes/certificate <u>2/21/25</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well, (Schools-N/A) Lead Water Test - Date: <u>12/28/23</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>n/a</u> Lead Management Plan <u>n/a</u>  Peeling Paint - <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right">Y/N</span>	<b>MONITORING OF DIABETES 19a-79-13</b> <span style="float:right">Y/N</span>
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<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"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <span style="float:right">Y/N</span>	
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<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(b)(2) (b)(3) (c)(2) (c)(3)	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> 179.	(e)(3)	
	<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			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <span style="float:right">Y/N</span>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <span style="float:right">(N/A)</span>
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 14, 2024. Programs must ensure policies updated to reflect new regulations.  all items ✓ were either in compliance or discussed at visit item 108(g)(5) was a discussion.  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 159.		<b>NONPESC. TOPICAL MEDICATION</b>			
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors			
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage			
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	<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 (N/A)			

<b>Signature of OEC staff</b>	<i>Jaime Fortin</i>	<i>Nicole Worley</i>	<b>Signature of person in charge</b>
<b>Printed Name</b>	Jaime Fortin	Nicole Worley	Printed Name

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 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.
Written Corrective Action Plan Due by: 5/5/25	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: Bright and Early License # 70604 Date: 4/21/25

Observations/Corrections needed:

18(10)(g)(8) Safe sleep policy not updated with current regulations

19(a)(1): 1 staff physical not observed for new staff

134(K)(1): 5 out of 7 feeding schedules of infants not observed.

Discussed: 1 care plan not signed by all staff responsible for care of child; Consultant Agreements updated but missing " that relate to the services provided by the consultant) <sup>new</sup> 1 staff reference check.

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: James Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/5/25

Signature: [Signature]  
(Person in Charge)

Print Name: Nicole Worley