

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

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

Program Name:	Bright Horizons Children's Center at Enterprise CO	Date of Inspection:	4-23-25	Time of Arrival:	10:00 am
Address:	3 Corporate Drive TWR	License Number:	15402	Expiration Date:	12/31/25
Town:	Shelton 06484	Telephone Number:	203-926-1398	Summer Care:	open
Operator:	Bright Horizons Children's Center LLC	# of Staff Present:	16	# over 3 Present:	29
Email:	ect@brighthorizons.com	# under 3 Present:	31	Total Under 3 capacity:	56
Designated Director:	Laura Kim	Total Capacity:	136	Ages 6 weeks - Served:	12 years
		Hours/Days of Operation:	M-F 7:00 am to 6:00 pm		

Instruction Codes: √ = Regulation in Compliance O = 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: 8/7/23

**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. (c)(1-4) 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

- 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. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28.
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- (e)(1)
- (f)(1)
- (f)(2)
- 30.
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(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)

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  
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  
PROFESSIONAL DEVELOPMENT  
Documentation of prof. dev/trainings  
Health & Safety training ★  
1% annual hours  
SWIMMING ACTIVITIES - √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	✓	✓	✓

Bright Horizons Children's Center at Enterprise CO TVR

15402

4.23.25

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

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>12/31/25</u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1-14-25</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>9/5/23</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78: Y(N) Lead Test: Y(N) Results _____ Lead Management Plan <u>n/a</u>
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11)	<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
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 87.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)	Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 92.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 93.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 94.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 95.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 96.	(e)(17)	Radon test- Results: <u>.3</u> (Schls-N/A)
<input checked="" type="checkbox"/> 97.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 98.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 99.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 100.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 101.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 102.	(g)(4)	Developmentally app equipment, materials

**CHILD CARE CENTER and GROUP CHILD CARE HOME**

**PROGRAM NAME:** Bright Horizons Children's Center at Enterprise CO TWR

**DATE:** 12-1-2025

4-23-25

**PHYSICAL PLANT**

<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 checked="" type="checkbox"/> 111.	(h)(1)	<u>OUTDOOR SPACE</u> 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
<input checked="" type="checkbox"/> 112.	(h)(7)	<u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards
	(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
<input checked="" type="checkbox"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	(i)	<u>WATER HAZARDS</u> Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
	(i)	Wading pools prohibited
	(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) (1)-(11)	<u>EDUCATIONAL REQUIREMENTS</u> 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
	(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**

<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)
<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"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<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.	(e)(1)	<u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail

**UNDER THREE ENDORSEMENT 19a-79-11**

128.	(e)(2)	<u>DIAPERING cont.</u> 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
<input checked="" type="checkbox"/> 129.	(f)(1)	<u>LINENS/CLOTHING</u> 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
<input checked="" type="checkbox"/> 130.	(g)(1)	<u>SAFE SLEEP</u> 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 - parents informed
<input checked="" type="checkbox"/> 131.	(h)(1)	<u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily
	(h)(1)	Toddler toys-washed/sanitized weekly
	(h)(2)	No toys/objects less than 1 1/4" diameter
	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 136.	(j)	<u>FEEDING</u> 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
<input checked="" type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

**SCHOOL AGE ENDORSEMENT 19a-79-11**

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

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Bright Horizons children's center at Enterprise center	LICENSE NUMBER	15402	DATE OF INSPECTION	4.23.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 <span style="float: right;">Y/N</span>	MONITORING OF DIABETES 19a-79-13 <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 type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/>	172.	(b)(1)(A)	<u>STAFF TRAINING</u>
				<input type="checkbox"/>		(b)(1)(B)	Staff training – first aid
				<input type="checkbox"/>		(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
				<input type="checkbox"/>		(b)(2)	Training updated at least every 3 years
				<input type="checkbox"/>		(b)(3)	Written documentation of training
				<input type="checkbox"/>		(c)(2)	Trained staff on site when child is present
				<input type="checkbox"/>		(c)(3)	Self-administration - written authorization and under supervision of trained staff
				<input type="checkbox"/>		(d)(1)	Equipment provided by parents
				<input type="checkbox"/>		(d)(2)	Equipment labeled and inaccessible
				<input type="checkbox"/>		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
				<input type="checkbox"/>		(e)(1)	Authorized prescriber written order
				<input type="checkbox"/>		(e)(2)	Written authorization from parent
				<input type="checkbox"/>		(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) 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.		<u>SLEEP PROVISIONS</u>
<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	ADDITIONAL VIOLATION
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<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.		<u>NONPRESC. TOPICAL MEDICATION</u>
<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.		<u>MEDICATION TRAINING</u>
<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)

<input type="checkbox"/>	180.	n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

★ items new regulations policies to be updated to reflect new regulations.

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

Signature of OEC staff	Betty mayer		Signature of person in charge
Printed Name	Betty Mayer	Don Aronin	Printed Name

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 5/7/25 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>
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SUPPLEMENTAL REPORT OF INSPECTION

Bright Horizons Children's

Name of Program/Provider:

Center

License # 15402

Date: 4.23.25

Observations/Corrections needed:

Program not in compliance when...

#94(e)(9) Observed lighting to be less than 30/50 candlefeet in Preschool 3: writing (24) reading (14) Art (25) and in Preschool 2: writing (9) BLOCK 8 (8) reading (29).

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: Betty Mayer

(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/7/25

Signature: Dawn Beaman

(Person in Charge)

Print Name: Dawn Beaman