



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 Horizons At Wilton	Date of Inspection:	7/17/25	Time of Arrival:	9:55 AM
Address:	7 Godfrey Pl	License Number:	15879	Expiration Date:	3/31/2029
Town:	Wilton, CT. 06897-3011	Telephone Number:	203-834-2616	Summer Care:	Open
Operator:	Bright Horizons Children's Centers LLC	# of Staff Present:	18	# over 3 Present:	36
Email:	daphne.roberts@brighthorizons.com	Total Capacity:	86	Total Under 3 capacity:	56
Designated Director:	Daphne Roberts	Hours/Days of Operation:	Monday-Friday 8AM-6PM	# under 3 Present:	46
				Ages Served:	12 weeks - 12 years

Instruction Codes:  = Regulation in Compliance  = 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**

<input type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: _____	<input checked="" type="checkbox"/> 19. (a)(1) Staff health records
<b>ADMINISTRATION 19a-79-3a</b>	<input type="checkbox"/> 20. (a)(3) Disciplinary actions
<input type="checkbox"/> 2. (a) Ensuring health & safety of children	<input type="checkbox"/> 21. (b) Comprehensive Background Checks
<input type="checkbox"/> 3. (b) Overall management of program	<input type="checkbox"/> 21a. (b)(2) Past employment history
<input type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input type="checkbox"/> 22. (b)(4) Evidence of compliance with bknd cks/history
<input type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input type="checkbox"/> 23. (d) Adequate staffing
<input type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input type="checkbox"/> 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input type="checkbox"/> 25. (d)(2) Two staff present-age 18 or older
<input type="checkbox"/> 8. (b)(7)(C) Child Protection	<input type="checkbox"/> 26. (d)(3)(A-C) Personal qualities of staff
<input type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<b>RATIOS</b>
<input type="checkbox"/> 10. (c)(1-4) Notification of Change	<input type="checkbox"/> (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> 11. <b>POLICIES-COMLETE/IMPLEMENTED</b>	<input type="checkbox"/> (d)(4)(B) Mixed age group
<input type="checkbox"/> (d)(2)(A) Discipline policy	<input type="checkbox"/> (d)(6) Nap time ratio
<input type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input type="checkbox"/> (d)(4)(D) Supervision-Indoors/Outdoors
<input type="checkbox"/> (d)(3) Closing time policy	<b>GROUP SIZE</b>
<input type="checkbox"/> (d)(4)(A) Medical emergency policy	<input type="checkbox"/> (d)(5) Group Size-Indoors/Outdoors
<input type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> (d)(5)(A) Group Size-school age field trips/outdoors
<input type="checkbox"/> (d)(5) Supervision policy	<input type="checkbox"/> (d)(5)(B) Mixed age group-group size
<input type="checkbox"/> (d)(6) General Operating policies	<input type="checkbox"/> (e)(1) Designated director-training
<input type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 31. (f)(1) CPR certified program staff
<input type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 32. (f)(2) First aid certified program staff
<input type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<b>PROFESSIONAL DEVELOPMENT</b>
<input type="checkbox"/> 12. <b>ACCESS</b>	<input type="checkbox"/> (a)(2) Documentation of prof. dev/trainings
<input type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (h)(1) Health & Safety training
<input type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (b)(2) 1% annual hours
<input type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<b>SWIMMING ACTIVITIES - Y/N</b>
<input type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios
<input type="checkbox"/> 16. (n) Capacity	<input type="checkbox"/> (4)(C)(i) Non-swimmers identified
<input type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (e)(6) CPR certified staff-age 20 or older
<input type="checkbox"/> 18. <b>POSTINGS</b>	<input type="checkbox"/> (e)(6) Lifeguard-certified-supervising
<input type="checkbox"/> 3a(e)(1) License posted	<b>CONSULTANTS</b>
<input type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i) - Consultant agreements-signed annually-agreements complete w/required services
<input type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (F) Consultant logs-documented activities, observations and required services
<input type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health
<input type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	Contracts Logs Visits
<input type="checkbox"/> 3a(e)(6) Dev. Milestones posted	Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> 10(g)(8) Safe Sleep policy posted	Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	Dietitian N/A N/A <input checked="" type="checkbox"/>

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

<b>PROGRAM NAME</b>	Bridle Horizons At Wiltm	<b>LICENSE NUMBER</b>	15879	<b>DATE OF INSPECTION</b>	7/17/25
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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.	(a)(1)(A-C)	Children's Enrollment information	<input type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>	<input type="checkbox"/>	72.	(d)(2)	Walkways maintained
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input type="checkbox"/>	74.	(d)(3)	Window screens
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission	<input type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input type="checkbox"/>	79.		<b>SMOKING</b>
<input type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input type="checkbox"/>	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input type="checkbox"/>	82.		<b>TOILETING</b>
<input type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input type="checkbox"/>		(d)(10)(A)	Shared toilets/sinks-supervision plan

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

<input type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input type="checkbox"/>	82.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input type="checkbox"/>		(d)(10)(B)	Toileting needs met
<input type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	<input type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input type="checkbox"/>	84.	(e)(1)	<b>AIR TEMPERATURE</b>
<input type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input type="checkbox"/>		(e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input type="checkbox"/>	86.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input type="checkbox"/>	59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input type="checkbox"/>	87.	(e)(4)	Water temperature 60°F-120°F
		(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 type="checkbox"/>	88.	(e)(5)	Portable space heaters prohibited
		(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input type="checkbox"/>	89.	(e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
				<input type="checkbox"/>	90.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
				<input type="checkbox"/>	91.	(e)(7)	Rugs- not a tripping/slipping hazard
				<input type="checkbox"/>	92.	(e)(7)	Hot water/Steam pipes protected
				<input type="checkbox"/>	93.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
				<input type="checkbox"/>	94.	(e)(7)	Working phone on each level
				<input type="checkbox"/>		(e)(8)	Emergency numbers posted-adjacent to phones
				<input type="checkbox"/>		(e)(9)	Parents provided direct on site phone number
				<input type="checkbox"/>		(e)(9)	<b>LIGHTING</b>
				<input type="checkbox"/>		(e)(9)	All areas min. 1 foot candle of lighting
				<input type="checkbox"/>		(e)(10)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
				<input type="checkbox"/>		(e)(10)	Enough lighting for comfort
				<input type="checkbox"/>		(e)(11)	Light fixtures shielded/shatter proof
				<input type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
				<input type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
				<input type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
				<input type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
				<input type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
				<input type="checkbox"/>		(e)(17)	Measures to prevent vermin
				<input type="checkbox"/>		(e)(18)	Radon test- Results: _____ (Schls-N/A)
				<input type="checkbox"/>		(f)(1)(A)	Carbon monoxide detector-each level N/A
				<input type="checkbox"/>		(g)(1)	Program space-adequate-35 sq. ft. per child
				<input type="checkbox"/>		(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				<input type="checkbox"/>		(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input type="checkbox"/>		(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
				<input type="checkbox"/>			Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate _____	<input type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input type="checkbox"/>	101.	(e)(17)	Radon test- Results: _____ (Schls-N/A)
<input type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	<input type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
		<input type="checkbox"/>	(c)(5)(A) Lead Water Test - Date: _____	<input type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input type="checkbox"/>	(c)(5)(B) Bact./Chem Test-Date: _____ (N/A)	<input type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input type="checkbox"/>	(c)(5)(C) Drinking water available/accessibile	<input type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input type="checkbox"/>	70.		<b>LEAD PAINT</b> -	<input type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input type="checkbox"/>	(c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results _____	<input type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials
		<input type="checkbox"/>	(c)(6)(B-D) Lead Management Plan _____				
		<input type="checkbox"/>	Peeling Paint - Y/N Inside/Outside				

**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 type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.		<b>DIAPERING cont.</b>
<input type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/>	(e)(2) Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/>	(e)(3) Diaper area: non-porous surface/good repair
<input type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>		<input type="checkbox"/>	(e)(4) Diaper area: washed/disinfected after use
		<input type="checkbox"/>	(h)(1) Adequate space- 75 sq. ft. per child		<input type="checkbox"/>	(e)(5) Diaper area: disposable paper sheets
		<input type="checkbox"/>	(h)(2) Shock absorbing surfaces-minimum 8"		<input type="checkbox"/>	(e)(6-9) Covered waste receptacle-removed daily
		<input type="checkbox"/>	(h)(3) Playground free from hazards		<input type="checkbox"/>	(e)(7) Handwashing-staff/children
		<input type="checkbox"/>	(h)(4) Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/>	(e)(8) Diapering-Handwashing policies-posted/followed
		<input type="checkbox"/>	(h)(5) Outside equipment anchored-anchors buried	<input type="checkbox"/>	129.	(e)(10)(A-C) Cloth diapers-written plan developed
		<input type="checkbox"/>	(h)(6) New equip- cert playg. Inspection upon request			<b>LINENS/CLOTHING</b>
		<input type="checkbox"/>	(h)(8) Drinking water available/accessible		<input type="checkbox"/>	(f)(1) Linens/emergency clothing available
		<input type="checkbox"/>	(h)(9) Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/>	(f)(2) Linens washed weekly or as needed
<input type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>		<input type="checkbox"/>	(f)(3) Linens/clothing stored individually
		<input type="checkbox"/>	(h)(7) Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/>	(f)(4) Cribs/cots cleaned-linens changed when shared
		<input type="checkbox"/>	(h)(7)(A) Fences installed to protect from hazards-4 ft	<input type="checkbox"/>	130.	(g)(1) Under 12 mths placed on back for sleeping
		<input type="checkbox"/>	(h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks			(g)(1) Crib-snug fitting mattress/tightly fitted sheet
		<input type="checkbox"/>	(h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)			(g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>	114.		<b>WATER HAZARDS</b>		<input type="checkbox"/>	(g)(2) Infants allowed to adopt other sleep positions
		<input type="checkbox"/>	(i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input type="checkbox"/>	(g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input type="checkbox"/>	(i) Wading pools prohibited		<input type="checkbox"/>	(g)(4) No unapproved sleeping-car seats/swings/beds, etc.
		<input type="checkbox"/>	(i) Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/>	(g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	
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<input type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents				
<input type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b> 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 type="checkbox"/>	(h)(1) Infant toys-separate/washed/sanitized daily	
		<input type="checkbox"/>		(1)-(11)		<input type="checkbox"/>	(h)(1) Toddler toys-washed/sanitized weekly
		<input 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		<input type="checkbox"/>	(h)(2) No toys/objects less than 1 1/4 " diameter	
				<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C) Health consultant visits/documentation	
					<input type="checkbox"/>	136.	(j) <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
					<input type="checkbox"/>	(k)(1) Written feeding schedule from parent-updated	
					<input type="checkbox"/>	(k)(2) Unused formula/milk discarded after feedings	
					<input type="checkbox"/>	(k)(3) Clean bottles/disposable bottles/appvd washing	
					<input type="checkbox"/>	(k)(4) Baby food served from dish or whole jar	
					<input type="checkbox"/>	(k)(5) Bottles labeled with child's name	
				<input type="checkbox"/>	137.	(l)(1) Outdoor spaced fenced-4 ft (lic. after 1/1/25)	

<b>UNDER THREE ENDORSEMENT 19a-79-10</b>	Y/N
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<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"/>	138.	(l)(2) Outdoor equipment-developmentally appropriate for ages of the children	
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input type="checkbox"/>	139.	(l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y/N
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<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"/>	140.	(b) Approved Schl Age Endorsement
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input type="checkbox"/>	141.	(c) <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots			(c)(1) Activities not a duplication of child's day
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			(c)(2) Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities			Ratio- 1:15
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			Group size- max. 30
<input type="checkbox"/>	128.		<b>DIAPERING</b>	<input type="checkbox"/>	143.	(d)
		<input type="checkbox"/>	(e)(1) Diaper area: elevated/sturdy/safety rail	<input type="checkbox"/>	144.	(e)

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
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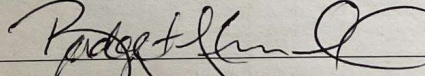
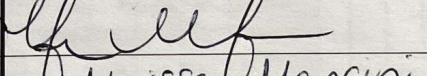
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172.	(b)(1)(A)	STAFF TRAINING
				(b)(1)(B)	Staff training – first aid
				(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> Y/N	
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<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 173.	(c)(3)	Training updated at least every 3 years
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 174.	(d)(1)	Written documentation of training
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 175.	(d)(2)	Trained staff on site when child is present
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 176.	(d)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 177.	(e)(1)	Equipment provided by parents
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 178.	(e)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> 179.	(e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	(b)(6)	Individual cot/crib with bedding			Authorized prescriber written order
	(b)(6)(A)	Sleeping apparel/toiletries labeled			Written authorization from parent
	(b)(6)(B)	Required bedding			Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	(b)(6)(C)	Required toiletries			
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	(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> Y/N	<b>ADDITIONAL VIOLATION</b>
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<input type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> Discussed printing professional development certificates or listing length of each training internal document for professional development. Discussed 1 Flu vaccination record not available. Parent was contacted for document.  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input 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)(1)(A/C)	<b>MEDICATION TRAINING</b>			
	(b)(1)(D)	Medication training-general-oral/top/inhalant			
	(b)(1)(E)	Injectable premeasured autoinjector medication			
	(b)(1)(F)	Rectal medication			
	(b)(2)(A-B)	Injectable other than premeasured auto-injector			
	(b)(2)(C)	Training approval documents/certificates			
	(b)(2)(C)	Training outline on file			
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

<b>Signature of OEC staff</b>			<b>Signature of person in charge</b>
<b>Printed Name</b>	BUDGET J. MCKIM	Merissa Mancini	<b>Printed Name</b>
<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:oec.licensing@ct.gov">oec.licensing@ct.gov</a>		Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: _____ 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>	