CONNECTICUT Early Childhood

**DIVISION OF LICENSING**
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# CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Program Name | BRIGHT START CHILD CARE | | | License Number | DCCC.16814 | Date of Inspection | 08/13/2025 |
| | | | | Expiration Date | 10/31/2026 | Time of Inspection | 08:30 AM |
| Address | 1790 MERIDEN RD<br>WOLCOTT CT 06716-3320 | | | Telephone | (203) 879-2728 | Licensed Capacity | 50 |
| | | | | Hours of Operation | 6:30 AM – 6:00 PM | Under Three Capacity | 40 |
| Is this a Change of Address? | Yes? | | No? X | Days of Operation | Mon-Fri | Ages Served | 6 week – 12 years |
| New Address | | | | Night Hours | No | Summer Hours: Open | Weekend Hours: No |
| | | | | Program's Email | brightstartchild@aol.com | | |
| Operator | BRIGHT START CHILD CARE LLC | | | Director | ALYSSA WRIGHT | | |
| Endorsements | Pre-School, School Age, Under Three | | | Name of Inspector | Betty Mayer | | |

| Key: Compliant = X Non-Compliant = O | # Children Present under age 3 | # Total Children Present | # of Staff Present | Type of Inspection |
|---|---|---|---|---|
| | 20 | 24 | 9 | UNANNOUNCED INSPECTION - FULL |

## LICENSURE PROCEDURES 19a-79-2a

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| X | 1. 19a-79-2a(c)(8) LOCAL HEALTH INSPECTION DATE: 03/27/2024 | |

## ADMINISTRATION 19a-79-3a

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|---|---|---|
| X | 2. 3a(a) ENSURING HEALTH & SAFETY OF CHILDREN | |
| X | 3. 3a(b) OVERALL MANAGEMENT OF PROGRAM | |
| X | 4. 3a(b)(6) EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF | |
| X | 5. 3a(b)(6) ANNUAL POLICY TRAINING FOR PROGRAM STAFF | |
| X | 6. 3a(b)(7)(A) CHILD BEHAVIOR MANAGEMENT | |

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| X | **7. 3a(b)(7)(B)**<br>**DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES** | |
| X | **8. 3a(b)(7)(C)**<br>**CHILD PROTECTION** | |
| X | **9. 3a(b)(7)(E)**<br>**MANDATED REPORTING** | |
| X | **10. 3a(c)(1-4)**<br>**NOTIFICATION OF CHANGE** | |
| X | **11. 3a(d)(1)-(6)**<br>**POLICIES- COMPLETED, IMPLEMENTED** | ☐ DISCIPLINE (d)(2)(A) ☐ CHILD PROTECTION (d)(2)(B-C) ☐ CLOSING TIME (d)(3)<br>☐ MEDICAL EMERGENCY (d)(4)(A) ☐ MULTI-HAZARDS (d)(4)(B) ☐ SUPERVISION (d)(5)<br>☐ GENERAL OPERATING (d)(6) ☐ PERSONNEL (d)(7) ☐ ADMINISTRATIVE OVERSIGHT (d)(6)(C) |
| X | **12. 3a(d)(1)**<br>**DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR** | |
| X | **13. 3a(f)**<br>**IMMEDIATE ACCESS BY PARENTS** | ☐ ACCESS BY PARENTS (f) ☐ ACCESS BY OEC (h) |
| X | **14. 3a(l)**<br>**2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION** | |
| X | **15. 3a(m)**<br>**MOTOR VEHICLE LAWS – TRANSPORTATION** | |
| X | **16. 3a(n)**<br>**CAPACITY** | |
| X | **17. 3a(o)**<br>**RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS** | |
| O | **18. 3a(e)(1)-(6)**<br>**POSTINGS** | ☐ LICENSE (e)(1) ☐ OEC COMPLAINT PROCEDURE (e)(2) ☐ ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)<br>☐ MENUS (e)(3) ☐ NO SMOKING SIGNS (e)(4) ☐ OEC INSPECTION REPORT (e)(5)<br>☐ RADON TEST 7a(e)(17 O SAFE SLEEP POLICY 10(g)(8) ☐ DEVELOPMENTAL MILESTONES (e)(6)<br>**Program not in compliance with maintaining required postings when complete safe sleep policy not observed posted in infant classroom.** |

## STAFFING AND CONSULTANTS 19a-79-4a

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|---|---|---|
| O | 19. 4a(a)(1) STAFF HEALTH RECORDS | **Program not in compliance with maintaining current/complete staff medical statements when two staff physicals missing statement of good health.** |
| X | 20. 4a(a)(3) DISCIPLINARY ACTIONS | |
| X | 21. 4a(b) COMPREHENSIVE BACKGROUND CHECKS | |
| X | 21a. 4a(b)(4) PAST EMPLOYMENT HISTORY | |
| X | 22. 4a(b)(4) EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY | |
| X | 23. 4a(d) ADEQUATE STAFFING | |
| X | 24. 4a(d)(1) DESIGNATED HEAD TEACHER – APPROVED – 60% | |
| X | 25. 4a(d)(2) TWO STAFF PRESENT – AGE 18 OR OLDER | |
| X | 26. 4a(d)(3)(A-C) PERSONAL QUALITIES OF STAFF | |
| X | 27. 4a(d)(4)(A) RATIOS 1:10 – INDOORS AND OUTDOORS | ☐ 1:10 INDOORS/OUTDOORS (d)(4)(A) ☐ MIXED AGE GROUPS (d)(4)(b) ☐ NAP TIME (d)(6) |
| X | 28. 4a(d)(4)(D) SUPERVISION – INDOORS AND OUTDOORS | |
| X | 29. 4a(d) GROUP SIZE – INDOORS AND OUTDOORS | ☐ MAX 20 INDOORS/OUTDOORS (d)(5) ☐ SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) ☐ MIXED AGE GROUP (d)(5)(B) |
| X | 30. 4a(e)(1) DESIGNATED DIRECTOR – TRAINING | |
| X | 31. 4a(f)(1) CPR CERTIFIED PROGRAM STAFF | |

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| X | 32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF | |
| O | 33. 4a(d)/(h) PROFESSIONAL DEVELOPMENT | ☐ DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) ☐ HEALTH & SAFETY TRAINING (h)(1) ☒ 1% ANNUAL HOURS (h)(2)<br>**Program not in compliance with ensuring staff have completed the required 1% annual hours when observed staff to have less than 1 percent annual hours worked in professional development. Unable to verify number of hours required for staff and total number of hours completed.** |
| X | 34. 4a(C)-(e) SWIMMING ACTIVITIES<br>SWIMMING OFFERED? N | ☐ SWIMMING RATIOS (4)(C)(ii-v) ☐ NON-SWIMMERS IDENTIFIED (4)(C)(i)<br>☐ CPR CERT STAFF-AGE 20↑ (e)(6) ☐ LIFEGUARD-CERTIFIED, SUPERVISING (e)(6) |
| O | 35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS | ☒ CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D)<br>☐ CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H)<br>☐ CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F)<br>☐ CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i)<br>**Program not in compliance with maintaining current/complete consultant agreements when education, social service and health consultant contracts missing all required services.** |

| NOT IN COMPLIANCE | EDUCATION | HEALTH | SOCIAL SERVICE | DIETICIAN N/A? |
|---|---|---|---|---|
| CONTRACTS | O | O | O | |
| LOGS | | | | |
| VISITS | | | | |

## RECORD KEEPING 19a-79-5a

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|---|---|---|
| X | 36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION | |
| X | 37. 5a(a)(1)(D) PARENT PERMISSIONS | ☐ EMERGENCY MEDICAL PERMISSION (D)(i) ☐ AUTHORIZED RELEASE PERMISSION (D)(ii)<br>☐ FIELD TRIP PERMISSION (D)(iii) ☐ TRANSPORTATION PERMISSION (D)(iv) |
| X | 38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS | |
| X | 39. 5a(a)(2)(C) IMMUNIZATION RECORDS | |
| X | 40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF | |
| X | 41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS | |
| X | 42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY | |

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| X | **43. 5a(a)(3)(C)(i-ii)** NOTIFY OEC OF SERIOUS INJURIES, FATALITY | |
| X | **44. 5a(a)(3)(D)** NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES | |
| X | **45. 5a(a)(4)** VIDEO RECORDINGS- KEEP FOR 30 DAYS | |
| **HEALTH AND SAFETY 19a-79-6a** | | |
| X | **46. 5a(a)(1)** N/A: PREPARATION AND TRANSPORTATION OF FOOD- FOLLOW DPH MODEL FOOD CODE | |
| X | **47. 5a(a)(2)** NUTRITIOUS MEALS AND SNACKS | |
| X | **48. 5a(a)(3)** PROPER REFRIGERATION (MAX 41°) | |
| X | **49. 5a(a)(4)** MENUS- 1 WK IN ADVANCE-KEEP 3 MONTHS | |
| | **50. 5a(a)(5)** N/A:Y FOOD SERVICE INSPECTION DATE: _____ | |
| X | **51. 5a(a)(6)** N/A: KITCHEN-CLEAN – SAFE STORAGE OF FOOD/SUPPLIES | |
| X | **52. 5a(a)(7)** SEPARATE HAND WASHING FACILITIES | |
| X | **53. 5a(a)(8)** MULTI-USE EATING AND DRINKING UTENSILS | |
| X | **54. 5a(a)(9)** N/A: KITCHEN SEPARATED BY A DOOR OR GATE | |
| X | **55. 5a(a)(10)** CHILDREN SUPERVISED DURING MEAL PREP | |
| X | **56. 5a(a)(11)** HANDWASHING – STAFF AND CHILDREN | |

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| X | **57. 5a(b)(1)** **ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS** | |
| X | **58. 5a(b)(2)** **DESIGNATED ISOLATION AREA** | |
| X | **59. 5a(c-d)** **FIRST AID KITS AND SUPPLIES** | ☐ **FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c)**<br>☐ **FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c)**<br>☐ **FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS- WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:** |
| **PHYSICAL PLANT 19a-79-7a** | | |
| X | **62. 7a(a)(2)** **FIRE MARSHAL CODES – CERTIFICATE DATE: 07/14/2025** | |
| X | **63. 7a(b)** **INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE** | |
| X | **64. 7a(b)(1)-(5)** **CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION** | |
| X | **65. 7a(b)(6)** **SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION** | |
| X | **66. 7a(c)(2)** **LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM** | |
| X | **67. 7a(c)(3)** **BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE** | |
| X | **68. 7a(c)(4)** **TESTING OF PREMISES OR GROUNDS FOR CHEMICALS** | |
| X | **69. 7a(c)(5)(A-C)** **WATER SUPPLY TYPE: Public Water (SCHOOLS-N/A)** | ☐ **LEAD WATER TEST (c5)(A) Date: 03/22/2024** ☐ **BACTERIAL/CHEMICAL TEST(c5)(B) Date:_____ N/A:**<br>☐ **DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)** |

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| X | 70. 7a(c)(6)(A-D) LEAD PAINT- BUILDING PRE-78? Yes<br>☐ PEELING PAINT – SAMPLE TAKEN _____ | ☐ PRE-78 LEAD TEST (c6)(A) TEST RESULTS: No Lead Identified<br>☐ LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____ |
| X | 71. 7a(d)(1) EMERGENCY VEHICLE ACCESS | |
| X | 72. 7a(d)(2) WALKWAYS MAINTAINED | |
| X | 73. 7a(d)(2) WINDOWS PROTECTED TO PREVENT FALLS | |
| X | 74. 7a(d)(3) WINDOW SCREENS | |
| X | 75. 7a(d)(4) GLASS/MIRRORS PROTECTED UP TO 36" | |
| X | 76. 7a(d)(5) N/A: OVERHEAD DOORS- LOCKING DEVICES, SPRING PROTECTORS | |
| X | 77. 7a(d)(6) – (f)(3) EXITS, STAIRS, HALLWAYS UNOBSTRUCTED | |
| X | 78. 7a(d)(7) INDIVIDUAL STORAGE OF CLOTHING AND BEDDING | |
| X | 79. 7a(d)(8) SMOKING | ☐ SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS<br>☐ MATCHES/LIGHTERS INACCESSIBLE |
| X | 81. 7a(d)(9) ELECTRICAL SAFETY – OUTLETS INACCESSIBLE- COVERED OR PROTECTED | |
| X | 82. 7a(d)(10)(A-H) TOILETING AND BATHROOMS | ☐ SHARED TOILETS/SINKS-SUPERVISION PLAN (10A) ☐ TOILETING NEEDS MET (10B)<br>☐ POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C) ☐ REQUIRED TOILETS/SINKS 1:16 (10C)<br>☐ TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E) ☐ HANDWASHING STAFF/CHILDREN (10E)<br>☐ TOILETS/SINKS LOCATED AT THE FACILITY (10F) ☐ WELL LIGHTED/VENTILATED TOILET ROOMS (10G)<br>☐ MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A: )<br>☐ SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D) |

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| X | **83. 7a(d)(11)** **STAFF PERSONAL ARTICLES INACCESSIBLE** | |
| X | **84.7a(e)(1-2)** **AIR TEMPERATURE AND FLUIDS** | ☐ AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1)<br>☐ AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2) |
| X | **86. 7a(e)(3)** **WATER TEMPERATURE 60° – 120°** | |
| X | **87. 7a(e)(4)** **PORTABLE SPACE HEATERS PROHIBITED** | |
| X | **88. 7a(e)(5)** **WALLS, CEILINGS, FLOORS AND RUGS** | ☐ WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR ☐ RUGS- NOT A TRIPPING/SLIPPING HAZARD |
| X | **90. 7a(e)(6)** **HOT WATER, STEAM PIPES PROTECTED** | |
| X | **91. 7a(e)(7)** **TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER** | ☐ WORKING PHONE ON EACH LEVEL ☐ EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES<br>☐ PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER |
| X | **94. 7a(e)(8-9)** **LIGHTING AND FIXTURES** | ☐ ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) ☐ LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9)<br>☐ ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) ☐ ENOUGH LIGHTING FOR COMFORT (e9) |
| X | **95. 7a(e)(10)** **POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE** | |
| X | **96. 7a(e)(11)** **GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR** | |
| X | **97. 7a(e)(12)** **STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS** | |
| X | **98. 7a(e)(13)** **TOXIC PLANTS/MATERIALS INACCESSIBLE** | |

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| X | **99. 7a(e)(14-15) N/A: PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN** | |
| X | **100. 7a(e)(16) MEASURES TO PREVENT VERMIN** | |
| X | **101. 7a(e)(17) Schls N/A: RADON TEST DATE: 04/24/2010 RESULTS: .3** | |
| X | **102. 7a(e)(18) N/A: OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL** | |
| X | **103. 7a (f)(1)(A) PROGRAM SPACE- ADEQUATE- 35 SQUARE FEET PER CHILD** | |
| X | **104. 7a(g)(1) EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS** | |
| X | **105. 7a(g)(2) ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)** | |
| X | **106. 7a(g)(3) AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE** | |
| X | **107. 7a(g)(4) DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS** | |
| X | **108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS** | |
| X | **109. 7a(g)(6) INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND** | |
| X | **110. 7a(j) NO WEAPONS, NO FACSIMILE OF A FIREARM** | |

## PHYSICAL PLANT- OUTDOOR SPACE

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| X | 111. 7a(h)(1-9)<br>OUTDOOR SPACE – HAZARDS EQUIPMENT DRINKING WATER | ☐ ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1) ☐ SHOCK ABSORBING SURFACES- MIN. 8" (h2)<br>☐ PLAYGROUND FREE FROM HAZARDS (h3) ☐ NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4)<br>☐ OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5) ☐ DRINKING WATER AVAILABLE/ACCESSIBLE (h8)<br>☐ EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9)<br>☐ NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6) |
| X | 112. (h)(7)(A-C)<br>OUTDOOR SPACE - PROTECTED - FENCING | ☐ PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7)<br>☐ FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A)<br>☐ FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B)<br>☐ ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9) |
| X | 114. (i)<br>WATER HAZARDS | ☐ POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: ☐ WADING POOLS PROHIBITED<br>☐ HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A: |

## EDUCATIONAL REQUIREMENTS 19a-79-8a

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|---|---|---|
| X | 115. (a)<br>WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS | |
| X | 116. (a)(1-11), (b)<br>EDUCATIONAL REQUIREMENTS – ACTIVITIES SCREEN TIME | ☐ (a)(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/VIGOROUS PHYSICAL ACTIVITY THAT TAKES PLACE OUTDOORS<br>☐ (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 |

## INFANT/TODDLER ENDORSEMENT 19a-79-10

IS THERE AN APPROVED ENDORSEMENT? Yes

| | | |
|---|---|---|
| X | 117. 10(b)<br>APPROVED UNDER THREE ENDORSEMENT | |
| X | 118. 10(c)(2)<br>RATIO OF STAFF TO CHILDREN<br>1:4 (6 WKS-24MTHS)<br>1:5 (24-36 MTHS) | |

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| X | **119. 10(c)(3)**<br>**GROUP SIZE -**<br>**MAX 8 (6 WKS-24 MTHS)**<br>**MAX 10 (24-36 MTHS)** | |
| X | **120. 10(c)(4)**<br>**PHYSICAL BARRIERS SEPARATING EACH GROUP**<br>**(INDOORS AND OUTDOORS)** | |
| X | **121. 10(d)(1)(A-C)**<br>**ADEQUATE SINKS IN PROGRAM SPACE**<br>**(GRP HOMES-ACCESSIBLE)**<br>**HANDWASHING, DIAPERING, FOOD PREP USES** | |
| X | **122. 10(d)(2)(A i-iii)**<br>**CRIBS AND PACK-N-PLAYS- IN COMPLIANCE WITH CPSC** | |
| X | **123. 10(d)(2)(B)**<br>**WASHABLE COTS** | |
| X | **124. 10(d)(2)(C)**<br>**CHAIRS FOR FEEDING, STABLE BASE, SAFETY STRAPS, LOCKING TRAY** | |
| X | **125. 10(d)(2)(D)**<br>**DEVELOPMENTALLY APPROPRIATE TABLES, CHAIRS, EQUIPMENT** | |
| X | **126. 10(d)(2)(E)**<br>**REFRIGERATORS AND FOOD PREP FACILITIES** | |
| X | **127. 10(d)(3)(A-C)**<br>**OPTIONAL FURNITURE-EQUIPMENT-SAFE/HAZARD FREE** | |
| X | **128. 10(e)(1-10)**<br>**DIAPERING AND DIAPER AREAS** | ☐ **AREA ELEVATED/STURDY/SAFETY RAIL (e1)** ☐ **AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)**<br>☐ **AREA-WASHED/DISINFECTED AFTER USE (e4)** ☐ **AREA NON-POROUS SURFACE/GOOD REPAIR (e3)**<br>☐ **AREA- DISPOSABLE PAPER SHEETS (e5)** ☐ **COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)**<br>☐ **HANDWASHING- STAFF/CHILDREN (e7)** ☐ **DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)**<br>☐ **CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)** |
| | | |
| X | **129. 10(f)(1-4)**<br>**LINENS AND CLOTHING** | ☐ **LINENS/EMERGENCY CLOTHING AVAILABLE (f1)** ☐ **LINENS WASHED WEEKLY OR AS NEEDED (f2)**<br>☐ **LINENS/CLOTHING STORED INDIVIDUALLY (f3)** ☐ **CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)** |
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|---|---|---|
| X | **130. 10(g)(1-8)**<br>**SAFE SLEEP – POSITIONING CRIBS POLICIES** | ☐ UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1) ☐ CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1)<br>☐ INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2) ☐ OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6)<br>☐ NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4)<br>☐ ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1)<br>☐ NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3)<br>☐ NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4)<br>☐ TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7) ☐ SAFE SLEEP POLICIES- PARENTS INFORMED (g8) |
| X | **131. (h)(1)**<br>**TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.** | ☐ INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1) ☐ TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1)<br>☐ NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2)<br>☐ PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2) |
| X | **135. (i)(1)(2 A-C)**<br>**HEALTH CONSULTANT VISITS- DOCUMENTATION** | |
| X | **136. (j)-(k)(5)**<br>**FEEDING – SCHEDULES INFANTS BOTTLES** | ☐ INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j)<br>☐ WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1)<br>☐ UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2)<br>☐ CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3)<br>☐ BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4) ☐ BOTTLES LABELED WITH CHILD'S NAME (k)(5) |
| X | **137. (l)(1)**<br>**OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)** | |
| X | **138. (l)(2)**<br>**OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN** | |
| X | **139. (l)(3)**<br>**SHOCK ABSORBING MATERIALS LESS THAN 1 ¼"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH & SAFETY** | |
| **SCHOOL AGE ENDORSEMENT 19a-79-11** | | **IS THERE AN APPROVED ENDORSEMENT?** **Yes** |
| X | **140. 11(b)**<br>**APPROVED SCHOOL AGE ENDORSEMENT** | |

| | | |
|---|---|---|
| X | **141. 11(c)-(c)(3)**<br>**SCHEDULE- ACTIVITIES** | ☐ **WRITTEN DAILY PROGRAM PLAN- FLEXIBLE SCHEDULE- AVAILABLE TO PARENT/STAFF (c)**<br>☐ **ACTIVITIES NOT A DUPLICATION OF CHILD'S DAY (c)(1)**<br>☐ **ACTIVITIES INCLUDE COGNITIVE, PHYSICAL, SOCIAL, EMOTIONAL NEEDS OF THE CHILDREN (c)(2)**<br>☐ **PROGRAM OFFERS FREE TIME, SNACKS, CREATIVE, PHYSICAL ACTIVITIES, SMALL GROUP, SELF-CONCEPT ACTIVITIES, HOMEWORK TIME, SPECIAL EVENTS (c)(3)** |
| X | **143. 11(d)**<br>**RATIO – 1 : 15 – INDOORS AND OUTDOORS** | |
| X | **144. 11(e)**<br>**GROUP SIZE – MAX. 30 CHILDREN – INDOORS AND OUTDOORS** | |
| X | **145. 11(f)**<br>**4 YR OLDS ENROLLED IN SCHOOL AGE-WRITTEN AUTHORIZATION – PERMISSIONS FROM DIRECTOR/PARENT** | |
| X | **146. 11(g)**<br>**DESIGNATED HEAD TEACHER- APPROVED- 60%** | |

**NIGHT CARE ENDORSEMENT 19a-79-12** **(10pm-5am)** **IS THERE AN APPROVED ENDORSEMENT?** **No**

| | | |
|---|---|---|
| | **147. 12(b)**<br>**APPROVED NIGHT CARE ENDORSEMENT** | |
| | **148. 12(b)(1)**<br>**PERSON IN CHARGE- HEAD TEACHER** | |
| | **149. 12(b)(2)**<br>**WRITTEN PLAN FOR PROGRAM ACTIVITIES- MEET INDIVIDUAL NEEDS, SLEEP PATTERNS, QUIET TIME** | |
| | **150. 12(b)(4)**<br>**WRITTEN PLAN FOR SUPERVISION INCLUDING COT PLACEMENT, EVACUATION** | |
| | **151. 12(b)(4)**<br>**CHILDREN IN CARE NO MORE THAN 12 HRS. IN 24** | |
| | **152. 12(b)(5)**<br>**STAFF AWAKE AND AVAILABLE** | |

| | | |
|---|---|---|
| | **153. 12(b)(6)-(7)**<br>**SLEEP PROVISIONS** | ☐ INDIVIDUAL COT/CRIB WITH BEDDING (b)(6) ☐ REQUIRED BEDDING (b)(6)(B)<br>☐ SLEEPING APPAREL/TOILETRIES LABELED (b)(6)(A ) ☐ REQUIRED TOILETRIES (b)(6)(C)<br>☐ BEDDING/SLEEPING APPAREL LAUNDERED WEEKLY (b)(6)(D) ☐ SLEEP ARRANGEMENTS FOR INFANTS (b)(7) |
| | **154. 12(b)(8)**<br>**AIR TEMP 65°F AT 3 FT** | |
| | **155. 12(b)(9)**<br>**FIRE MARSHAL APPROVAL- HOURS SPECIFIED** | |
| | **156. 12(b)(10)**<br>**LOCAL HEALTH APPROVAL** | |
| **ADMINISTRATION OF MEDICATIONS 19a-79-9a** | | |
| **X** | **157. 9a**<br>**WRITTEN MEDICATION POLICIES, PROCEDURES** | |
| **X** | **158. 9a**<br>**PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES** | |
| **X** | **159. 9a(a)(2)-(3)**<br>**NON-PRESCRIPTION TOPICAL MEDICATION** | ☐ ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2) ☐ LABELING AND STORAGE (a)(3)(A-B)<br>☐ UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C) |
| **X** | **160. 9a(b)(1-2)**<br>**MEDICATION TRAINING** | ☐ MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C)<br>☐ INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D)<br>☐ INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F) ☐ RECTAL MEDICATION (b)(1)(E)<br>☐ TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B) ☐ TRAINING OUTLINE ON FILE (b)(2)(C) |
| **X** | **161. 9a(b)(3)(A-B)**<br>**AUTHORIZED PRESCRIBER- PARENT PERMISSION** | |
| **X** | **162. 9a(b)(3)(D)**<br>**MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION** | |
| **X** | **163. 9a(b)(4)(A-B)**<br>**MEDICATION ADMINISTRATION RECORDS (MAR)** | |
| **X** | **164. 9a(b)(5)(A-B)**<br>**LABELING AND STORAGE** | |

| | | |
|---|---|---|
| X | 165. 9a(b)(5)(C) EMERGENCY MEDICATION INACCESSIBLE | |
| X | 166. 9a(b)(5)(D) UNUSED/EXPIRED MEDICATIONS-DESTROYED/RETURNED | |
| X | 167. 9a(b)(5)(E) AUTO-INJECTOR, INHALANT EQUIPMENT | |
| X | 168. 9a(b)(6) SELF-ADMINISTRATION DOCUMENTATION | |
| X | 169. 9a(b)(7)(A-B) PETITION FOR SPECIAL MEDICATION AUTHORIZATION | |
| | 170. 9a(d) N/A: Y POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION-PERMISSION/STORAGE | |

## MONITORING OF DIABETES 19a-79-13

CHILD WITH DIABETES ENROLLED? N

| | | |
|---|---|---|
| X | 171. 13(a)(1) WRITTEN POLICIES AND PROCEDURES | |
| X | 172. 13(b)(1)-(c)(2) STAFF TRAINING | ☐ STAFF TRAINING-FIRST AID (b)(1)(A) ☐ TRAINED STAFF ON SITE WHEN CHILD IS PRESENT (c)(2)<br>☐ TRAINING UPDATED AT LEAST EVERY 3 YEARS (b)(2) ☐ WRITTEN DOCUMENTATION OF TRAINING (b)(3)<br>☐ STAFF TRAINING- USE/STORAGE/MAINTENANCE OF MONITORING EQUIPMENT, READING TEST RESULTS, APPROPRIATE ACTIONS TAKEN (b)(1)(B)(i-iii) |
| X | 173. 13(c)(3) SELF-ADMINISTRATION-WRITTEN AUTHORIZATION AND UNDER SUPERVISION OF TRAINED STAFF | |
| X | 174. 13(d)(1) EQUIPMENT PROVIDED BY PARENTS | |
| X | 175. 13(d)(2) EQUIPMENT LABELED AND INACCESSIBLE | |
| X | 176. 13(d)(3) SIGNED AGREEMENT WITH PARENT REGARDING EQUIPMENT, SUPPLIES, MATERIALS TO BE DISCARDED | |
| X | 177. 13(e)(1) AUTHORIZE PRESCRIBER WRITTEN ORDER | |

| | | |
|---|---|---|
| X | 178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT | |
| X | 179. 13(e)(2) TESTING RESULTS AND ACTIONS TAKEN- DOC. AND KEPT ON FILE, ENSURE PARENTS ARE NOTIFIED DAILY | |

## ADDITIONAL VIOLATIONS

| | | |
|---|---|---|
| | 180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: Y | |

| | | | |
|---|---|---|---|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 4 out of 156 |

## DISCUSSIONS/COMMENTS

**Administrative oversight policy & new complaint procedure to be posted**
**Policies to be updated to reflect new regulations**
1. **Straps on changing tables in infant room and Toddler 2 porous.**
2. **Crack in changing table in Toddler 2.**
3. **Swings on playground for children 3 to 12.**

**NOTE:** * Items left blank on this form were not monitored during this visit. * Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed. * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

| | | | |
|---|---|---|---|
| Signature of OEC Representative | Betty Mayer | Christine wright | Signature of Person in Charge |
| Printed Name | Betty Mayer | Christine wright | Printed Name |
| 2nd OEC Representative | | **APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency. | |
| Printed Name | | THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST. | |

CONNECTICUT Early Childhood

Written Corrective Action Plan due by: 08/27/2025

**DIVISION OF LICENSING**
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Email: oec.licensing@ct.gov Website: www.ctoec.org

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CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf