

**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 Beginnings ECP - Norwalk	Date of Inspection:	3-31-26	Time of Arrival:	9:20am
Address:	517 Westport Ave	License Number:	70493	Expiration Date:	6-30-27
Town:	Norwalk	Telephone Number:	937-1700	Summer Care:	Open
Operator:	Bright Beginnings Early Childhood Program Inc	# of Staff Present:	18	# over 3 Present:	21
Email:	bbnorwalk@bbecp.com	Total Capacity:	144	Total Under 3 capacity:	104
Designated Director:	Mehreen Khan	Hours/Days of Operation:	M-F 7am-6:30pm		

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

1. (c)(8) Local Health Inspection-Date: 4-28-25

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

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. (f)(2) **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 33. **SWIMMING ACTIVITIES - Y/N**
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 34. **CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Bright Beginnings ECEP	LICENSE NUMBER	70493	DATE OF INSPECTION	3-31-26
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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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) <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) (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)	Children's Enrollment information PARENT PERMISSIONS 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) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) (d)(9) <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) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) <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.	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety – outlets inaccessible - covered or protected TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin - 4-28-19 Radon test- Results: 0.5 (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) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (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 11-1-25 (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 FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier FIRST AID SUPPLIES -add'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) <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate 11-26-25 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 WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 11-19-25 Bact./Chem Test-Date: (N/A) Drinking water available/accessible LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint - Y/N 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.	(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)
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PROGRAM NAME	Bright Beginnings ECP	LICENSE NUMBER	70493	DATE OF INSPECTION	3-31-26
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input checked="" type="checkbox"/> (e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> 114.		WATER HAZARDS		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (j)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input checked="" type="checkbox"/> (h)(1)	Safe sleep policies - parents informed
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors		<input checked="" type="checkbox"/> (h)(2)	TOYS AND OTHER OBJECTS
	<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
			<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
				<input checked="" type="checkbox"/> (j)	No toys/objects less than 1 1/4" diameter
			<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
			<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(2)	Health consultant visits/documentation
			<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(3)	FEEDING
				<input checked="" type="checkbox"/> (k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input checked="" type="checkbox"/> (k)(5)	Written feeding schedule from parent-updated
				(l)(1)	Unused formula/milk discarded after feedings
UNDER THREE ENDORSEMENT 19a-79-10 Y/N				(l)(2)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 137.	(l)(1)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 138.	(l)(2)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/> 139.	(l)(3)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free		<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 128.		DIAPERING	<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15

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PROGRAM NAME	Bright Beginnings ECP	LICENSE NUMBER	70493	DATE OF INSPECTION	3-31-26
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SCHOOL AGE ENDORSEMENT 19a-79-11 O/Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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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 STAFF TRAINING
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	Y
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<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(b)(2)	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"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	174.	(b)(3)	
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	175.	(c)(2)	
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	176.	(c)(3)	
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	177.	(d)(1)	
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	178.	(d)(2)	
<input checked="" type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>	179.	(d)(3)	
<input checked="" type="checkbox"/>		(b)(6)	Individual cot/crib with bedding			(e)(1)	
<input checked="" type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled			(e)(2)	
<input checked="" type="checkbox"/>		(b)(6)(B)	Required bedding			(e)(3)	
<input checked="" type="checkbox"/>		(b)(6)(C)	Required toiletries				
<input checked="" type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input checked="" type="checkbox"/>		(b)(6)(E)	Sleep arrangements for infants				
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input checked="" type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input checked="" 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"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				DISCUSSIONS/COMMENTS - NO corrections at this inspection name of program is Bright Beginnings Early Childhood Program - Norwalk - 1 play wooden refrigerator not secured (director fixed at inspection) <i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i>
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
<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.		MEDICATION TRAINING				
<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)				

Signature of OEC staff	Cathy Anderson	Signature of person in charge	Mehveen Khan
Printed Name	Cathy Anderson	Printed Name	Mehveen Khan

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Written Corrective Action Plan Due by: NA	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/