

2022-875

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright PATH - Park Road Educational Physicare LTD Date: 10/26/22 Time: 1:45 pm

Location Address: 389 Park Rd West Hartford CT Telephone #: 860-856-9936

e-mail address: mferis@educationalphysicare.com License #: 7035 Expiration Date: 11/30/24

Capacity: 110/68 # of Children Present: 76 # of Staff Present: 15

Consent to Inspect Family Child Care Home I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint/Investigation - 2022-875 - Self Report

Observations/Corrections needed:

PIC - Emily Gagnon - asst Director - Maddelynn Ferris - Director

(NS) 19a-79-3a(b)(2) - Administration - annual training/orientation

(S) 19a-79-3a(a) - Administration - Health + Safety - Staff did not ensure the health and safety of a child at all times when staff fed an infant the wrong bottle. The infant was given the incorrect bottle. Bottle was for another infant in classroom. Staff did not adhere to the program's feeding/food and bottle safety policy.

(NS) 19a-79-4a(a)(4) - Staffing - Disciplinary actions

(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: Valeen Williams
(OEC Representative)

Print Name: Valeen Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/12/22

Signature: M Ferris
(Person in Charge)

Print Name: Maddelynn Ferris