

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath- Berlin Date: 7/17/23 Time: 1:25
Location Address: 9 High Rd, Berlin Telephone #: (800)357-2024
e-mail address: berlinct@brightpathkids.com License #: 70226 Expiration Date: 3/31/27
Capacity: 165/180 # of Children Present: 78 (⁴⁶/₃) # of Staff Present: 20

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

Purpose of visit: Self-Report Case 2023-613

Observations/Corrections needed:

⑤ 19a-79-5a(a)(2)(E) - Record keeping - individual care plan - ^{Two} staff responsible for the care of the child failed to sign child's allergy care plan

⑤ 19a-79-3a(a) - Administration - Health and safety - operator failed to ensure the safety, health, and development of children when a child with a documented milk allergy was given cream cheese for snack resulting in an allergic reaction.

S = Substantiated **NS** = Not Substantiated **P** = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/31/23

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight
Signature: Lucy Ball
(Person in Charge)
Print Name: Lucy Ball