

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Bright Path- Wallingford</u>	License Number: <u>70090</u>	Date of Inspection: <u>7/12/2023</u>	Time of Arrival: <u>9AM</u>
Address: <u>15 N Plains Industrial Rd</u>	Expiration Date: <u>9.30.24</u>	Licensed Capacity: <u>210</u>	Under 3 Capacity: <u>108</u>
Town: <u>Wallingford</u>	Telephone: <u>203-265-0055</u>	# of children present: <u>104</u>	# of staff present: <u>19+</u>
Operator: <u>Educational Playcare LTD</u>	Director: <u>Kim Armeno</u>	Head Teacher: <u>Juckie McCarthy</u>	
Email: <u>n.walsh@educationalplaycare.com</u>	Summer Care: <u>open</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found	
Hours of Operation: <u>M-F 6:30-6:00</u>	Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input checked="" type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 2/24/2022

**Administration 19a-79-3a**

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: 6/15/2022
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 6/9/2023
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 3/20/2002 Results: .2
- 15a. Developmental Milestones

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

**Swimming cont.**

- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public/Well
- 49. Lead Water Test Date: 3/15/2022  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:

Written Corrective Action Plan Due to OEC by: 7.28.23

Signature of Person in Charge:

Print name: Jan Serra BUDGET CENTER

Print name: Kimberly Armeno

**CHILD CARE CENTER/GROUP INSPECTION FORM**

<p><b>Program Name:</b> <i>BrightPath - Wallingford</i></p>	<p><b>License Number:</b> <i>70090</i></p>	<p><b>Date of Inspection:</b> <i>7.12.23</i></p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><b>Under Three Endorsement 19a-79-10</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y(N)</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul> <p><b>Outdoor Play Space-Under Three:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul> <p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Night Care Endorsement 19a-79-12 (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 148. Approved Endorsement</li> <li><input type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input type="checkbox"/> 150. Staff Awake/Available</li> <li><input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>Jen Serra Budget Officer</i></p>	<p><b>Written Corrective Action Plan Due to OEC by:</b> <i>7.28.23</i></p>	<p><b>Signature of Person in Charge</b> <i>Kimberly Armes</i></p>
<p><b>Print Name:</b> <i>Jen Serra BUDGET OFFICER</i></p>		<p><b>Print Name:</b> <i>Kimberly Armes</i></p>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Wallingford License # 70090 Date: 7.12.23

## Observations/Corrections needed:

- #9- observed fire marshal certificate to be more than 1 year old - submit copy
- #37- observed 3 expired child physicals and 2 child health records missing TB risk assessment
- #38- observed no individual care plan for child with speech delays/Autism and no individual care plan for child with Epi-Pen/Zyrtec in Toddler 8 with staff signatures
- #65- observed no working ventilation in Toddler 4 and Preschool 1 bathrooms
- #69- observed dusty ceiling and/or bathroom vents Infant 2, Toddler 2, Toddler 6, Toddler 8 Toddler 9, Preschool 1, Preschool 2, staff bathroom Preschool wing, Preschool 3, Preschool 4 and 5, stained ceiling tile in Toddler 4 bathroom and window sill in disrepair in Toddler 2
- #76- observed unlocked toxins/cleaning supplies in Janitor's closet, Art Closet Preschool wing, Preschool 2, Preschool 3, Preschool 4
- #83- Per staff of Toddler 6, Toddler 8, Preschool 1 cots are shared by not disinfected after use
- #89- observed Broken Red/black Trike (no handle bars) and exposed screw ends on chain link fence
- #99- observed incomplete, expired or no diaper cream firms in Infant 1, Infant 2, Toddler 1, Toddler 2, Toddler 4, Toddler 6, Toddler 7, Toddler 8, Preschool 1
- #106- observed accessible diaper creams in Toddler 6
- #108- observed incomplete Epi-Pen and Zyrtec authorizations in Toddler 8, Albuterol authorization on public school form in Preschool 1
- #104- observed expired Benadryl in Preschool 4
- #113- observed 2 portable sinks without water. Observed no hand washing by staff/children during diapering in Toddler 7 and Toddler 8
- #123- observed diaper procedure missing hand washing by children prior to diapering in all under 3 rooms and Preschool rooms with diaper tables

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: Jen Seno Budgett  
(OEC Representative)

Print Name: Jen Seno Budgett L. Herkin

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kimberly Arnold  
(Person in Charge)

Print Name: Kimberly Arnold

OEC BY: 7.28.23

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Wallingford License # 70090 Date: 7.10.23

Observations/Corrections needed:

- #124- observed no hand washing by staff/children during diaper changes in Toddler 7 and 8
- #126- Per staff of Toddler 6 and Toddler 8 cots are shared but not disinfected after use
- #133- observed accessible plastic bags and/or gloves in Toddler 6 bathroom and 3 drawer organizer, Toddler 7 cubby bins, Toddler 8 cubby bins
- #136- observed no written feeding schedules for children under 1 year old in Infant 1

Discussions

observed 1 staff file to not have current adult medical statement answering health question out of 11 files

observed one child file out of 21 to be missing authorized release other than parents/guardians

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

Signature: Jen Serra  
(OEC Representative)Print Name: Jen Serra BRIDGET MERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kimberly Armano  
(Person in Charge)OEC BY: 7.28.23Print Name: Kimberly Armano