



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>BRIGHTPATH - BERLIN</b>				<b>License Number</b>	<b>DCCC.70226</b>	<b>Date of Inspection</b>	<b>03/25/2024</b>
					<b>Expiration Date</b>	<b>3/31/2027</b>	<b>Time of Inspection</b>	<b>08:11 AM</b>
<b>Address</b>	<b>9 HIGH RD BERLIN CT 06037-1233</b>				<b>Telephone</b>	<b>(860) 357-2024</b>	<b>Licensed Capacity</b>	<b>165</b>
					<b>Hours of Operation</b>	<b>MONDAY-FRIDAY 6:30AM-6:00PM</b>	<b>Infant/Toddler Capacity</b>	<b>80</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>12 years</b>
					<b>Water Supply</b>		<b>Public Water</b>	
					<b>Program's Email</b>	<b>berlinct@brightpathkids.com</b>		
<b>Operator</b>	<b>EDUCATIONAL PLAY CARE, LTD</b>				<b>Name of Inspector</b>	<b>Johanne Dalo</b>		
<b>Director</b>	<b>LUCY BAKER</b>				<b>Inspector's Email</b>	<b>johanne.dalo@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>26</b>	<b># of Total Children Present</b>	<b>38</b>	<b># of Staff Present</b>	<b>12</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>

### LICENSURE PROCEDURES 19a-79-2a

<b>O</b>	<b>1. Local Health Inspection</b>	Failed to maintain current local health inspection.
	Date: 07/26/2021	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

### ADMINISTRATION 19a-79-3a

<b>O</b>	<b>1b. Administration</b>	(a)Failed to ensure the safety and health of one children when observed a child with a prescriber's form for Benadryl and medication not on site (child is in attendance).
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>O</b>	<b>3. Annual Staff Policy Training</b>	Failed to maintain documentation for 1 staff.
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	04/12/2023
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	06/30/2024
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	11/21/2013
	Results	<0.5pCi/L
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>○</b>	16. Staff Health records – TB tests	Failed to maintain medical statement(s) on site for 1 staff and a current medical statement for 1 staff (2/17/22).
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<b>X</b>	19. Designated Head Teacher					
<b>X</b>	20. Two Staff present					
<b>X</b>	20a. Staff Qualities					
<b>X</b>	21. Ratio: 1 staff to 10 children					
<b>X</b>	21b. Supervision					
<b>X</b>	22. Group Size – maximum 20 children					
<b>X</b>	23. Designated director - Training					
<b>X</b>	24. CPR Certified Staff (Group Home N/A)					
<b>X</b>	25. First Aid Trained Staff					
<b>X</b>	26. Consultants- Agreements and Contracts					
<b>X</b>	27. Logs – Visits documented					
	Not in Compliance?	<b>Education</b>	<b>Health</b>	<b>Social Service</b>	<b>Dental</b>	<b>Dietician N/A?</b>
	Contracts					
	Logs					
	Do they take children swimming?	<b>N SWIMMING</b>				
<b>X</b>	28. Non-swimmers identified					
<b>X</b>	29. Staff/Child Ratios					
<b>X</b>	30. CPR certified staff (20 years of age)					
<b>X</b>	31. Lifeguard certified - supervision					
<b>RECORD KEEPING 19a-79-5a</b>						
<b>X</b>	32. Enrollment information					
<b>X</b>	33. Emergency medical permission					
<b>O</b>	34. Authorized release permission	Failed to maintain complete authorized release permission forms when observed 3 incomplete authorized release forms (1 blank and 2 without name other than parent)				
<b>X</b>	35. Field trip permission					
<b>X</b>	36. Transportation permission					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for children for 2 children and failed to maintain complete immunization records for children for 1 child without documentation of flu shots.	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
<b>PHYSICAL PLANT 19a-79-7a</b>			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 03/14/2024	Bacterial/Chemical Test (N/A?) <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

<b>X</b>	57. Individual storage of clothing and bedding	
<b>X</b>	58. Smoking prohibited	
<b>X</b>	59. Matches and lighters inaccessible	
<b>X</b>	60. Electrical safety – outlets/cords	
<b>X</b>	61. Toileting needs met	
<b>X</b>	62. Required toilets, sinks, supplies	
<b>X</b>	63. Potty chairs – nonporous, emptied, disinfected	
<b>X</b>	64. Hand washing after toileting – staff and children	
<b>X</b>	65. Ventilation in toilet rooms	
<b>X</b>	66. Air temperature 65 degrees, thermometer affixed	
<b>X</b>	67. Water temperature 60° – 115°	
<b>X</b>	68. Portable space heaters	
<b>X</b>	69. Walls, ceilings, floors and rugs – clean, good repair	
<b>X</b>	70. Rugs secure	
<b>X</b>	71. Hot water, steam pipes protected	
<b>X</b>	72. Working phone on each level	
<b>X</b>	73. Emergency numbers posted	
<b>X</b>	74. Adequate lighting - 50/30 candle feet	
<b>X</b>	75. Light fixtures shielded, shatter proof	
<b>X</b>	76. Potentially hazardous substances locked	
<b>X</b>	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<b>X</b>	81. Program space-adequate square footage per child	
<b>O</b>	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is free from rust, toxic material and other hazards when observed rust in 4 microwaves (Ps 4, T5, T6, T7A), 1 cubbies not secured in Ps 3, dramatic play furnitures (Ps 2, Ps 3), Small cabinet not secured in gross motor room, and chairs lining on wall in gross motor room (in small house).
<b>X</b>	83. Cots stored, maintained, adequate number	
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>O</b>	88. Impact absorbing material under equipment	Failed to ensure a minimum of 8 inches of impact absorbing materials fall zone/use zone around the slide.
<b>X</b>	89. Playground free from hazards	
<b>X</b>	92. Equipment anchored, safely arranged	
<b>O</b>	93. Outdoor play area protected, fenced	Failed to ensure that barriers/fencing is four feet in height when observed fence measuring less than 48 inches and the highway can be seen and close by.
<b>X</b>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<b>X</b>	95. Written plan for daily program available to parents/staff	
<b>X</b>	96. Schedule – Activity choices and Program	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
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
<b>X</b>	97. Written policies, procedures	
<b>X</b>	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
<b>X</b>	99. Administration, parent permission, MAR					
<b>O</b>	100. Labeling, storage	Failed to maintain proper storage of medication when observed diaper creams accessible to children in 2 classroom (latched not on, Infant 2, T6).				
ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<b>X</b>	102. Authorized prescriber, parent permission, MAR					
<b>X</b>	103. Labeling, storage					
<b>X</b>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<b>X</b>	105. Authorized prescriber, parent permission, MAR					
<b>X</b>	106. Labeling, storage					
<b>X</b>	107. Approved petition for special medication authorization					
<b>No</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
<b>X</b>	109. Approved endorsement					
<b>X</b>	110. Ratio: 1 staff to 4 children					
<b>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<b>X</b>	113. Adequate sinks in program space					
<b>X</b>	114. Free standing, well-constructed, safe cribs					
<b>X</b>	115. Washable cots					
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray					
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment					
<b>X</b>	118. Refrigerators and food prep facilities					

X	119. Diaper area- sturdy, safety rail, nonporous, exclusive use					
X	120. Diaper area- washed, disinfected					
X	121. Diaper area- disposable paper sheets					
X	122. Covered waste receptacle					
X	123. Diaper changing policy posted, followed					
X	124. Hand washing policy posted, followed					
X	125. Individual storage of personal items					
X	126. Cribs/cots washed and disinfected					
X	127. Under 12 months- placed on back for sleeping					
X	128. Alternate sleep position- equipment, medical documentation	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table>	Yes	No		X
Yes	No					
	X					
X	129. Crib, bed used for infant sleeping					
X	130. Crib, bed free from observable hazards					
X	131. Infant toys separate, washed, disinfected daily					
X	132. No toys, objects less than 1/1/4" diameter					
O	133. Plastic bags, balloons, Styrofoam objects inaccessible	Failed to ensure plastic bags, balloons and styrofoam objects are not accessible to children when observed plastic bags accessible to children in 2 classrooms (latch not on T3, T5)				
X	134. Health consultant, doc. of visits					
X	135. Infants held for bottles, indiv. attention, tummy time					
X	136. Written statement, feeding schedule from parent					
X	137. Unused portions of liquids discarded					
X	138. Clean Bottles, disp. bottles, approved bottle washing					
X	139. Food served from dish or whole jar served					
X	140. Bottles individually identified with child's name					

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 10 children	
<b>X</b>	146. Group size – maximum 20 children	
<b>X</b>	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

<b>X</b>	159. Signed agreement with parents regarding equipment	
<b>X</b>	160. Materials discarded appropriately	
<b>X</b>	161. Authorized prescriber, parent permission	
<b>X</b>	162. Documentation of test results, actions taken	
<b>X</b>	163. Daily written parent notification	

**ADDITIONAL VIOLATIONS**

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		<b>X</b>	




<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**

- Enrollment forms need parent signatures
- Clorox toilet cleaner not locked T6
- 2 dirty toilets (Ps2 and Ps 3)
- Wood on slide and rock wall starting to rot.

**COMMENTS:**

**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.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Johanne Dalo</b> (Printed Name)	 (Printed Name)	<b>04/08/2024</b>	<b>Lucy Baker</b> (Printed Name)