

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Bright Path	12/23/24	8:30am
1193 Hebron Ave	70342	12/31/28
Glastonbury, CT 06033	860430496	open
Educational Playcare LTD	# of Staff Present: 40	# over 3 Present: 44
H Martin @ bright path kids com	Total Capacity: 266	Total Under 3 capacity: 144
Heather Martin		Ages Served: low-12yrs
		M-F 6:30am-6pm

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**ADMINISTRATION**      **STAFFING AND CONSULTANTS**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 6/4/24	<input checked="" type="checkbox"/> 10. (a)(1) <input checked="" type="checkbox"/> 10. (a)(3) <input checked="" type="checkbox"/> 21. (b) <input checked="" type="checkbox"/> 22. (b)(4) <input checked="" type="checkbox"/> 23. (d) <input checked="" type="checkbox"/> 24. (d)(1) <input checked="" type="checkbox"/> 25. (d)(2) <input checked="" type="checkbox"/> 26. (d)(3)(A-C) <input checked="" type="checkbox"/> 27. (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input checked="" type="checkbox"/> (d)(6) <input checked="" type="checkbox"/> 28. (d)(4)(D) <input checked="" type="checkbox"/> 29. (d)(5) <input checked="" type="checkbox"/> (d)(5)(A) <input checked="" type="checkbox"/> (d)(5)(B) <input checked="" type="checkbox"/> 30. (e)(1) <input checked="" type="checkbox"/> 31. (f)(1) <input checked="" type="checkbox"/> 32. (f)(2) <input checked="" type="checkbox"/> 33. (a)(2) <input checked="" type="checkbox"/> (h)(1)(2) <input checked="" type="checkbox"/> (h)(1)(2) <input checked="" type="checkbox"/> 34. (4)(C)(ii-v) <input checked="" type="checkbox"/> (4)(C)(i) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> 35. (i)(1)(A)-(D) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)(2)(A-H) <input checked="" type="checkbox"/> (F) <input checked="" type="checkbox"/> (i)(2) (H)(i)-(I)(i)	Staff health records Disciplinary actions Comprehensive Background Checks Evidence of compliance Adequate staffing Designated head teacher-approved-60% Two staff present-age 18 or older Personal qualities of staff <b>RATIOS</b> Ratio 1:10 - Indoors/Outdoors Mixed age group-ratios Nap time ratio Supervision-Indoors/Outdoors <b>GROUP SIZE</b> Group Size-Indoors/Outdoors Group Size-school age field trips/outdoors Mixed age group-group size Designated director-training CPR certified program staff First aid certified program staff <b>PROFESSIONAL DEVELOPMENT</b> Documentation Health & Safety training 1% annual hours <b>SWIMMING ACTIVITIES - V/N</b> Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or older Lifeguard-certified-supervising <b>CONSULTANTS</b> Consultants-Education, Health, Social Service, Dietitian (N/A) Consultant agreements-signed annually Agreements complete w/required services Consultant logs-documented activities, observations and required services Consultant visits- Education/Health <table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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"/>
	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"/>																			
<input checked="" type="checkbox"/> 2. (a) <input checked="" type="checkbox"/> 3. (b) <input checked="" type="checkbox"/> 4. (b)(6) <input checked="" type="checkbox"/> 5. (b)(6) <input checked="" type="checkbox"/> 6. (b)(7)(A) <input checked="" type="checkbox"/> 7. (b)(7)(B) <input checked="" type="checkbox"/> 8. (b)(7)(C) <input checked="" type="checkbox"/> 9. (b)(7)(E) <input checked="" type="checkbox"/> 10. (c)(1-4) <input checked="" type="checkbox"/> 11. (d)(2)(A) <input checked="" type="checkbox"/> (d)(2)(B)-C) <input checked="" type="checkbox"/> (d)(3) <input checked="" type="checkbox"/> (d)(4)(A) <input checked="" type="checkbox"/> (d)(4)(B) <input checked="" type="checkbox"/> (d)(5) <input checked="" type="checkbox"/> (d)(6) <input checked="" type="checkbox"/> (d)(6)(C) <input checked="" type="checkbox"/> (d)(7) <input checked="" type="checkbox"/> 12. (d)(1) <input checked="" type="checkbox"/> 13. (f) <input checked="" type="checkbox"/> (h) <input checked="" type="checkbox"/> 14. (l) <input checked="" type="checkbox"/> 15. (m) <input checked="" type="checkbox"/> 16. (n) <input checked="" type="checkbox"/> 17. (o) <input type="checkbox"/> 18. (e)(1) <input checked="" type="checkbox"/> (e)(2) <input type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)	Ensuring health & safety of children Overall management of program Employee orientation for new program staff Annual policy training for program staff Child behavior management Documentation that parents were informed of behavior management techniques Child Protection Mandated Reporting Notification of Change <b>POLICIES-COMplete/IMPLEMENTED</b> Discipline policy Child Protection policy Closing time policy Medical emergency policy Multi-Hazards policy-annual drill Supervision policy General Operating policies Administrative Oversight policy Personnel policies Daily attendance-children/staff- keep 1 yr. <b>ACCESS</b> Immediate access by parents Immediate access by OEC-facility/records 2.8 yr olds enrolled in preschool-authorization Motor vehicle laws-transportation Capacity Respond to OEC-no false, misleading statements or documents <b>POSTINGS</b> License posted OEC Complaint Procedure posted Menus posted No Smoking posted signs at entrances OEC Inspection report posted or available Developmental Milestones posted																					



Bright Path

NUMBER 70342

DATE OF INSPECTION 12/23/24

**RECORD KEEPING 19a-79-5**

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
- (a)(1)(D)(ii) Emergency medical permission
- (a)(1)(D)(iii) Authorized release permission
- (a)(1)(D)(iv) Field trip permission
- 38. (a)(2)(A-B) Transportation permission
- 39. (a)(2)(C) Child Health Records
- 40. (a)(2)(E) Immunization records
- 41. (a)(3)(A) Individual care plan-signed by parents/staff
- 42. (a)(3)(B) Injury, Illness, Incident, Accident reports
- 43. (a)(3)(C)(i-ii) Parent notification of illness or injury
- 44. (a)(3)(D) Notify OEC of serious injuries, fatality
- 45. (a)(4) Notify DPH, local health-reportable diseases
- Video recordings- keep 30 days

**HEALTH and SAFETY 19a-79-6a**

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection 10/30/25 N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) **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
- 61. (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

- 62. (a)(2) Fire marshal codes/certificate 9/10/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** - Public Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 10/23/23
- (c)(5)(C) Bact./Chem Test-Date: \_\_\_\_\_ N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(B-D) **LEAD PAINT** - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results \_\_\_\_\_
- 71. (d)(1) Lead Management Plan \_\_\_\_\_
- Emergency vehicle access

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. **TOILETING**
- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(D) Required toilets/sinks-1:16
- (d)(10)(E) Required toilets/sinks-1:25 schl age only
- (d)(10)(F) Toileting Supplies-Hand drying-Garbage Handwashing staff/children
- (d)(10)(G) Toilets/sinks located-at the facility or licensed premises
- (d)(10)(H) Well lighted/ventilated toilet rooms
- 83. (d)(11) Mechanical ventilation (Grp Homes N/A)
- 84. Staff personal articles inaccessible
- 85. **AIR TEMPERATURE**
- (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- (e)(2) Air temp <65°F comfortable (Schl age only-N/A)
- (e)(3) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(4) Water temperature 60 °F - 120 °F
- 87. (e)(5) Portable space heaters prohibited
- 88. (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- 89. (e)(6) Rugs- not tripping/slipping hazard
- 90. (e)(7) Hot water/Steam pipes protected
- 91. (e)(7) Working phone on each level
- 92. (e)(7) Emergency numbers posted-adjacent to phones
- 93. (e)(7) Parents provided direct on site phone number
- 94. **LIGHTING**
- (e)(8) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- (e)(10) Schl age only-lighting for comfort
- (e)(11) Light fixtures shielded/shatter proof
- 95. (e)(11) Potentially hazardous substances, materials - labeled, inaccessible
- 96. (e)(12) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(13) Stairs-protected/good repair-handrails
- 98. (e)(14-15) Toxic plants/materials inaccessible
- 99. (e)(16) Pets or other animals-in good health, written care plan including access to children
- 100. (e)(17) Prevention of vermin-openings screened
- 101. (e)(18) Radon test- Results: \_\_\_\_\_ N/A
- 102. (f)(1)(A) Results posted-Date: 3/7/25 (Schls-N/A)
- 103. (g)(1) Carbon monoxide detector-each level N/A
- 104. (g)(1) Program space-adequate-35 sq. ft. per child
- 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible
- Developmentally app equipment, materials



Bright Path

70342

12/23/21

PHYSICAL PLANT 19a-79-7

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.	(h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)	<b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.	(h)(7)	<b>OUTDOOR PROTECTED/FENCING</b> Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	(h)(7)(A) (h)(7)(B)	Fences installed to protect from hazards-4 ft self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/> 114.	(h)(7)(C) (i) (i) (i)	<b>WATER HAZARDS</b> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	(f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 130.		
<input checked="" type="checkbox"/> 131.		
<input checked="" type="checkbox"/> 132.		
<input checked="" type="checkbox"/> 133.		
<input checked="" type="checkbox"/> 134.		
<input checked="" type="checkbox"/> 135.		
<input checked="" type="checkbox"/> 136.		
<input checked="" type="checkbox"/> 137.		
<input checked="" type="checkbox"/> 138.		
<input checked="" type="checkbox"/> 139.		

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a) (1)-(11) (b)	<b>EDUCATIONAL REQUIREMENTS</b> 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, physical activity Limited access to screen time/video games

<input checked="" type="checkbox"/> 137.		
<input checked="" type="checkbox"/> 138.		
<input checked="" type="checkbox"/> 139.		

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.	(e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(6)(9) (e)(7) (e)(8) (e)(10)(A-C)	<b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 142.	(c)(1) (c)(2) (c)(3)	Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%



**CHILD CARE CENTER AND CHILD CARE HOME INSPECTION REPORT**

Bright path

LICENSE NUMBER 70342

DATE OF INSPECTION 12/3/24

**NIGHT CARE ENDORSEMENT 19a-71-12 (b)(1)-(10) Y/N**

**MONITORING OF DIABETES 19a-71-13 Y/N**

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.		<b>STAFF TRAINING</b>
		<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Q/N**

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
		<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.		<b>MEDICATION TRAINING</b>
		<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)

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
-------------------------------------	------	---	--	-----

**DISCUSSIONS - COMMENTS**

New regulations update policies/procedures  
 Educational consultant visit annually  
 Health + safety training  
 Educational requirements  
 Consultant contracts updated  
 - Diaper creams labeled  
 - 1 Garbage can with Diapers - cover in Tod 12/13 bathroom  
 - Bathroom vent dusty Tod 2  
 - Wall disrepair in Tod 6 + Tod 12  
 - see supplemental report for continued violations inspection

SIGNATURE OF OEC STAFF: Mia Miller  
 PRINTED NAME: Krellerman

SIGNATURE OF PERSON IN CHARGE: Tressan Ripley  
 PRINTED NAME: Tressan Ripley

OEC DIVISION OF LICENSING  
 50 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review  
 Written Corrective Action Plan Due by: 1/6/2025  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path License # 76342 Date: 12/23/24

Observations/Corrections needed:

Regulations not in compliance when observed

#5- 1 staff have no annual policy/procedure review

#18(e)(3)- menus posted but not updated with changes

#166 - Microwaves dirty in Tod 2, Tod 5B, preschool 4 and rusty microwaves<sup>CR#</sup> rusty in preschool 3

#95 - bottles unlabeled with dilutions in Tod 10, 11

#130(a)(8) safe sleep postings not posted in all 3 infant rooms.

#159(a)(2) - ~~CR#~~ 3 diaper cream forms in Tod 9, 2 diaper cream form in 5A, and 1 in Tod 6 not current

#128(e)(8) - no diaper policy posted in Tod 1 (still on license for capacity)

#164 - 1 Benedryl in Tod 10 leaking.

#166 - 1 expired Benedryl/Allergy relief liquid expired 6/2024 in Tod 7

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: [Handwritten Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Handwritten Signature]  
(Person in Charge)

OEC BY: 1/6/25

## Resolving Disputed Violations

If you are cited for a violation of the child care licensing regulations and you do not understand the violation or why you were cited, you should:

- Ask the specialist to explain the violation, and show you which regulation was violated.
- If you still disagree that there is a violation of a regulation, you may ask for a supervisory review. You may call (860) 500-4450 and ask to speak with the supervisor of who covers your town, or in the case of a complaint investigation, ask to speak with the supervisor of the investigations unit.
- If you still wish to dispute the violation after a supervisory review, you may contact the Agency at (860) 500-4450 and request a managerial review. The manager will decide if the evidence shows a violation exists.
- A provider/operator may request a formal hearing only when the Agency issues a statement of charges and the provider wishes to contest a proposed action against the license.

The provider/operator is responsible for submitting a plan of correction to the Agency to correct any violation of the child care licensing regulations.

### Core Elements of an Acceptable Corrective Action Plan

Family child care homes, group child care homes and child care centers are required to submit a corrective action plan to the Office of Early Childhood **within 14 days from the date of inspection** when they have been cited for violating a licensing regulation(s). A corrective action plan informs OEC about the way(s) that the program has corrected the violation(s) to ensure continued compliance.

**A corrective action plan must contain the following information, at a minimum, in order to be considered acceptable by OEC:**

- A statement as to **how** and **when** the violation was corrected; and,
- in cases where a permanent correction is not immediately possible, **how** and **when** the violation will be corrected and **what** temporary measures have been put in place.

Please review your Corrective Action Plan prior to submitting it to the Agency to be sure all of the violations have been addressed.