



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM

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

Program Name:	Bright Path-Madison 5100	Date of Inspection:	1/22/2025	Time of Arrival:	9AM
Address:	560 Durham Rd.	License Number:	Pending	Expiration Date:	Pending
Town:	Madison, CT. 06443-2060	Telephone Number:	860-580-7925	Summer Care:	Open
Operator:	Educational Play Care LTD	# of Staff Present:	5	# over 3 Present:	0
Email:	cridel@brightpathkids.com	Total Proposed Capacity:	52	Total Under 3 capacity:	31
Designated Director:	Kelsey Welch	Hours/Days of Operation:	Monday-Friday		6:30AM-6PM

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 11/27/2024

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
  - (d)(1) Daily attendance-children/staff- keep 1 yr. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
  - 14. (l) 2.8 yr olds enrolled in preschool-authorization
  - 15. (m) Motor vehicle laws-transportation
  - 16. (n) Capacity
  - 17. (o) Respond to OEC-no false, misleading statements or documents
  - 18. POSTINGS
    - (e)(1) License posted
    - (e)(2) OEC Complaint Procedure posted
    - (e)(3) Menus posted
    - (e)(4) No Smoking posted signs at entrances
    - (e)(5) OEC Inspection report posted or available
    - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
- 29. (d)(5) Group Size-Indoors/Outdoors
- (d)(5)(A) Group Size-school age field trips/outdoors
- (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 34. SWIMMING ACTIVITIES - Y/N
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. CONSULTANTS
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i) Consultant agreements-signed annually
  - (i)(2)(A-H) Agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian	✓	✓	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
BrightPath Madison 560	Pending	1/22/2025
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. <b>TOILETING</b> <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 schl age only <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. <b>AIR TEMPERATURE</b> <input checked="" type="checkbox"/> 85. (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> 86. (e)(1) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> 87. (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 88. (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> 89. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 90. (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 91. (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> 92. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 93. (e)(7) Working phone on each level <input checked="" type="checkbox"/> 94. (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> 95. (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> 96. <b>LIGHTING</b> <input checked="" type="checkbox"/> 97. (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> 98. (e)(9) Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible <input checked="" type="checkbox"/> 99. (e)(9) Schl age only-lighting for comfort <input checked="" type="checkbox"/> 100. (e)(10) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> 101. (e)(10) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> 102. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 103. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 104. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 105. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 106. (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 107. (e)(17) Radon test- Results: 4/27/24-4/28/24 N/A Results posted-Date: 2/5 (Schls-N/A) <input checked="" type="checkbox"/> 108. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 109. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 110. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 111. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> 112. (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> 113. (g)(4) Developmentally app equipment, materials	
HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A) <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 11/7/2024 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: 9/7/2024 4/15/2024 Bact./Chem Test-Date: 4/15/2024 N/A <input checked="" type="checkbox"/> 70. (c)(5)(A) Drinking water available/accessible <b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: Lead in Paint Lead Management Plan: Every 6 months Exterior Windows <input type="checkbox"/> 71. (d)(1) Emergency vehicle access		

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
Bright Path Madison 500		Pending		1/28/2025	
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCING</b>		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132.	(h)(1)	Infant toys-separate/washed/sanitized daily
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 133.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 114.		<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/> 134.	(h)(2)	No toys/objects less than 1 1/2" diameter
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
N/A	<input type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136.		Health consultant visits/documentation
	<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible		<input checked="" type="checkbox"/> (j)	<b>FEEDING</b>
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (1)-(11)	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	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
UNDER THREE ENDORSEMENT 19a-79-10 Y/N				(l)(1)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement		(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)			Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety
<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-i-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.		<b>DIAPERING</b>			
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets		<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily	<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children	<input checked="" type="checkbox"/> 144.		Ratio- 1:15
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed	<input checked="" type="checkbox"/> 145.	(d)	Group size- max. 30
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed	<input checked="" type="checkbox"/> 146.	(e)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
				(f)	Head teacher approved- 60%
				(g)	
UNDER THREE ENDORSEMENT 19a-79-10 Y/N			SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME <i>Bright Path Madison 5100</i>		LICENSE NUMBER <i>Pending</i>	DATE OF INSPECTION <i>1/02/2025</i>
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>		MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>	
<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input checked="" type="checkbox"/> 156. (b)(10)	Local health approval		
ADMINISTRATION OF MEDICATIONS 19a-79-9a <i>Y/N</i>		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<i>N/A</i>	Plan conditions <i>N/A</i>
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	<p>#75-dosed w/ 2 windows in Toddler 3 without documentation of glass protection</p> <p>#102-dosed no operable CO detector on Gross motor room level <i>BM</i></p>	
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	UNUSED/EXPIRED MEDS DESTROYED/RETURNED		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
SIGNATURE OF OEC STAFF <i>Bridget McNeill</i>		SIGNATURE OF PERSON IN CHARGE <i>Carrie Ridel</i>	
PRINTED NAME <i>BRIDGET McNEILL</i>		PRINTED NAME <i>Carrie Ridel</i>	
OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>		Inspection shall be posted or available for review upon request.	
		Written Corrective Action Plan Dug by: <i>Print to OEC approved</i>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bridget Path. Madison 560 License # Pending Date: 1/22/2005

Observations/Corrections needed:

Preschool

$$11.7 \times 9.9 + 15.2 \times 37.2 - 3.3 \times 3.3 - 14.8 \times 1.2 - 1.2 \times 11.2 + 14.4 \times 3.6 + 8.8 \times 5.2 + 6.9 \times 3.3 - 9 \times 1.4$$

$$759.28 \div 35 = 21.6 \text{ (ok 21)}$$

Toddler 1

$$20 \times 19.5 + 2 \times 2.2 - 7.3 \times 3.3 = 370.31 \div 35 = 10.5 \text{ (ok 10 ays 2yrs+)}$$

Toddler 2

$$28.2 \times 10.5 - 1.4 \times 8.9 = 283.64 \div 35 = 8.1 \text{ (ok 8 under age 2yrs)}$$

Toddler 3

$$14.3 \times 9.2 + 5 \times 6.4 + 11.2 \times 10.9 = 285.64 \div 35 = 8.1 \text{ (ok 8 under age 2yrs)}$$

Toddler 4

$$22.6 \times 9 - 4.3 \times 1.5 = 196.95 \div 35 = 5.6 \text{ (ok 5 ays 2yrs+ or 5 under age 2yrs)}$$

Enrichment - All ages

$$16.6 \times 17.9 - 5.5 \times 9.2 - 4.3 \times 8.7 = 191.73 \div 35 = 5.4 \text{ (ok 5)}$$

Cross Motor (wall)

$$20.6 \times 30.6 - 11.4 \times 8.6 = 532.32 \div 35 = 15.2 \text{ (ok 15 age 3yrs, 10 ays 2+ or 8 under age 2yrs)}$$

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath Madison 560 License # Pending Date: 1/22/2025

Observations/Corrections needed: Outside playgrounds

Toddlers- off Toddler 1 classroom

$34 \times 16.2 + (1/2)21 \times 34 = 558.8$  ~~907.8~~  $907.8 \div 75 = 12.1$  ok 10 ages 2+, 8 under age 2yrs

Preschool

$35.2 \times 33.6 + 33.6 \times (1/2)16.5 = 1459.92$   $1459.92 \div 75 = 19.4$  ok 19 age 3yrs+

Toddlers- Next to yard closest to woods

$24 \times 36.7 = 880.8$   $880.8 \div 75 = 11.7$  ok 10 ages 2yrs+ or 8 under age 2yrs

Total indoor capacity = 52 with 31 under age 3yrs (15 ages 2yrs+)

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: [Signature]  
(OEC Representative)

Print Name: BRIDGET MARRIL

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: [Signature]

Print Name: Camie Ridel