

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

Bright Path	3/18/25	845am
555 Day Hill Rd	16517	1/31/26
Windsor CT 06095	900 550528	open
Educational Playcare LTD	# of Staff Present: 16	# over 3 Present: 32
CMozzicato BrightPathKids.com	Total Capacity: 184	Total Under 3 capacity: 104
Christina Mozzicato		# under 3 Present: 34
		Ages Served:
		M-F 7am-6pm

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

1. (c)(8)	Local Health Inspection-Date: 4/19/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
		<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
		<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
		<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
		<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
		<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
		<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
		<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
		<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
		<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
		<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 27. (d)(6)	Mixed age group																				
		<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio																				
		<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE																				
		<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors																				
		<input checked="" type="checkbox"/> 30. (e)(1)	Mixed age group-group size																				
		<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training																				
		<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff																				
		<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff																				
		<input checked="" type="checkbox"/> 34. (h)(1)	PROFESSIONAL DEVELOPMENT																				
		<input checked="" type="checkbox"/> 34. (h)(2)	Documentation of prof. dev/trainings																				
		<input checked="" type="checkbox"/> 35. (4)(C)(ii-v)	Health & Safety training																				
		<input checked="" type="checkbox"/> 35. (4)(C)(i)	1% annual hours																				
		<input checked="" type="checkbox"/> 35. (e)(6)	SWIMMING ACTIVITIES - Y/N																				
		<input checked="" type="checkbox"/> 35. (e)(6)	Swimming-Ratios																				
		<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Non-swimmers identified																				
		<input checked="" type="checkbox"/> 35. (i) - (i)(2)(A-H)	CPR certified staff-age 20 or older																				
		<input checked="" type="checkbox"/> 35. (F)	Lifeguard-certified-supervising																				
		<input checked="" type="checkbox"/> 35. (i)(2)	CONSULTANTS																				
		<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (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"/>
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- 2. (a)
- 3. (b)
- 4. (b)(6)
- 5. (b)(6)
- 6. (b)(7)(A)
- 7. (b)(7)(B)
- 8. (b)(7)(C)
- 9. (b)(7)(E)
- 10. (c)(1-4)
- 11. (d)(2)(A)
- 11. (d)(2)(B)(C)
- 11. (d)(3)
- 11. (d)(4)(A)
- 11. (d)(4)(B)
- 11. (d)(5)
- 11. (d)(6)
- 11. (d)(6)(C)
- 11. (d)(7)
- 12. (d)(1)
- 13. (f)
- 13. (h)
- 14. (l)
- 15. (m)
- 16. (n)
- 17. (o)
- 18. 3a(e)(1)
- 18. 3a(e)(2)
- 18. 3a(d)(6)(C)
- 18. 3a(e)(3)
- 18. 3a(e)(4)
- 18. 3a(e)(5)
- 18. 3a(e)(6)
- 18. 7a(e)(17)
- 18. 10(g)(8)

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
POLICIES-COMplete/IMPLEMENTED
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.
ACCESS
Immediate access by parents
Immediate access by OEC-facility/records
2.8 yr olds in prek-authorization
Motor vehicle laws-transportation
Capacity
Respond to OEC-no false, misleading statements or documents
POSTINGS
License posted
OEC Complaint Procedure posted
Administrative Oversight policy
Menus posted
No Smoking posted signs at entrances
OEC Inspection report posted or available
Dev. Milestones posted
Radon Test posted (Schls-N/A)
Safe Sleep policy posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 27. (d)(4)(B)
- 27. (d)(6)
- 27. (d)(4)(D)
- 28. (d)(4)(D)
- 29. (d)(5)
- 29. (d)(5)(A)
- 29. (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- 34. (h)(1)
- 34. (h)(2)
- 35. (4)(C)(ii-v)
- 35. (4)(C)(i)
- 35. (e)(6)
- 35. (e)(6)
- 35. (i)(1)(A)-(D)
- 35. (i) - (i)(2)(A-H)
- 35. (F)
- 35. (i)(2)
- 35. (H)(i)-(I)(i)

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Bright Path

License Number

16517

3/18/25

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

71.	(d)(1)	Emergency vehicle access
72.	(d)(2)	Walkways maintained
73.	(d)(3)	Windows protected to prevent falls
74.	(d)(3)	Window screens
75.	(d)(4)	Glass/mirrors protected- 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 and bedding
79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> (d)(11)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible

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 <u>1/14/25</u> (N/A)
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils (N/A)
54.	(a)(9)	Kitchen separated
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.	<input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

83.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
84.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
86.	(e)(3)	Water temperature 60°F-120°F
87.	(e)(4)	Portable space heaters prohibited
88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
90.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, material labeled, inaccessible
95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
96.	(e)(12)	Stairs-protected/good repair-handrails
97.	(e)(13)	Toxic plants/materials inaccessible
98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
99.	(e)(16)	Measures to prevent vermin
100.	(e)(17)	Radon test- Results: <u>.5</u> (Schls-N)
101.	(e)(18)	Carbon monoxide detector-each level
102.	(f)(1)(A)	Program space-adequate-35 sq. ft. per ch
103.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
104.	(g)(2)	Adequate equipment for rest-cleaned-co (Grp Homes only-mats/sleeping bags)
105.	(g)(3)	Air conditioners/water heaters/fuse box inaccessible
106.	(g)(3)	Developmentally app equipment, mater
107.	(g)(4)	

62.	(a)(2)	Fire marshal codes/certificate <u>1/16/24</u>
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
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>1/18/25</u> Bact./Chem Test-Date: _____ (N/A)
70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

95.	(e)(11)	Stairs-protected/good repair-handrails
96.	(e)(12)	Toxic plants/materials inaccessible
97.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
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106.	(g)(3)	
107.	(g)(4)	

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Bright Path	LICENSE NUMBER	16517	DATE OF INSPECTION	3/18/25
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PHYSICAL PLANT 19a-79-7a **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	✓ 128.		
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		✓ (e)(2)	DIAPERING cont. 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 LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 position: No items in/on cribs-blankets, toys, bumper pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, et No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 min Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS 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 FEEDING Infants held for bottles - chairs for feeding; individual attn, tummy time, crawl/toddler Written feeding schedule from parent-upd; Unused formula/milk discarded after feed Clean bottles/disposable bottles/appvd wa Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/2 yr) 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
110.	(j)	No weapons/no facsimile of a firearm		✓ (e)(3)	
111.		OUTDOOR SPACE		✓ (e)(4)	
	✓ (h)(1)	Adequate space- 75 sq. ft. per child		✓ (e)(5)	
	✓ (h)(2)	Shock absorbing surfaces-minimum 8"		✓ (e)(6-9)	
	✓ (h)(3)	Playground free from hazards		✓ (e)(7)	
	✓ (h)(4)	Nuts, bolts, screws-tight, covered/protected		✓ (e)(8)	
	✓ (h)(5)	Outside equipment anchored-anchors buried	✓ 129.	✓ (e)(10)(A-C)	
	✓ (h)(6)	New equip- cert playg. Inspection upon request		✓ (f)(1)	
	✓ (h)(8)	Drinking water available/accessible		✓ (f)(2)	
	✓ (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		✓ (f)(3)	
112.	✓ (h)(7)	OUTDOOR PROTECTED/FENCED	✓ 130.	✓ (f)(4)	
	✓ (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		✓ (g)(1)	
	✓ (h)(7)(B)	Fences installed to protect from hazards-4 ft		✓ (g)(1)	
	✓ (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks (N/A)		✓ (g)(1)	
114.	✓ (i)	Rooftop play areas-6 ft. wall/barrier (N/A)		✓ (g)(2)	
	✓ (i)	WATER HAZARDS		✓ (g)(3)	
	✓ (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61		✓ (g)(4)	
	✓ (i)	Wading pools prohibited		✓ (g)(5)	
	✓ (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		✓ (g)(6)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	✓ 131.		
116.	(a)	EDUCATIONAL REQUIREMENTS		✓ (h)(1)	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 FEEDING Infants held for bottles - chairs for feeding; individual attn, tummy time, crawl/toddler Written feeding schedule from parent-upd; Unused formula/milk discarded after feed Clean bottles/disposable bottles/appvd wa Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/2 yr) 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
	✓ (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, moderate and vigorous physical activity that takes place outdoors	✓ 135.	✓ (h)(1)	
	✓ (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	✓ 136.	✓ (h)(2)	
				✓ (h)(2)	
				(i)(1)(2A-C)	
				✓ (j)	
				✓ (k)(1)	
				✓ (k)(2)	
				✓ (k)(3)	
				✓ (k)(4)	

UNDER THREE ENDORSEMENT 19a-79-10

✓ 117.	(b)	Approved Under 3 Endorsement	✓ 137.		
✓ 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	✓ 138.	(l)(1)	SCHOOL AGE ENDORSEMENT 19a-79-11 Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible s available to staff/parents Activities not a duplication of child's activities include cognitive, physical, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-activities, homework time, special Ratio- 1:15 Group size- max. 30
✓ 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	✓ 139.	(l)(2)	
✓ 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors		(l)(3)	
✓ 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		✓ (b)	
✓ 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC		✓ (c)	
✓ 123.	(d)(2)(B)	Washable cots		✓ (c)(1)	
✓ 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		✓ (c)(2)	
✓ 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		✓ (c)(3)	
✓ 126.	(d)(2)(E)	Refrigerator and food prep facilities			
✓ 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
✓ 128.		DIAPERING			
	✓ (e)(1)	Diaper area: elevated/sturdy/safety rail			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Bright Path

LICENSE NUMBER

16517

DATE OF INSPECTION

3/18/25

HOOD AGE ENDORSEMENT 19a-79-11 **Y**

MONITORING OF DIABETES 19a-79-13 **Y**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1)

172. (b)(1)(A)

(b)(1)(B) (i)-(iii)

Written policies and procedures

STAFF TRAINING

Staff training – first aid

Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12a) **Y**

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

153. **SLEEP PROVISIONS**

(b)(6) Individual cot/crib with bedding

(b)(6)(A) Sleeping apparel/toiletries labeled

(b)(6)(B) Required bedding

(b)(6)(C) Required toiletries

(b)(6)(D) Bedding/sleeping apparel laundered weekly

(b)(7) Sleep arrangements for infants

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

173. (c)(3)

174. (d)(1)

175. (d)(2)

176. (d)(3)

177. (e)(1)

178. (e)(2)

179. (e)(3)

Training updated at least every 3 years

Written documentation of training

Trained staff on site when child is present

Self-administration - written authorization and under supervision of trained staff

Equipment provided by parents

Equipment labeled and inaccessible

Signed agreement with parent regarding equipment, supplies, materials to be discarded

Authorized prescriber written order

Written authorization from parent

Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a **Y**

ADDITIONAL VIOLATION

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. **NONPRESC. TOPICAL MEDICATION**

(a)(2) Admin/Parent permission/report errors

(a)(3)(A-B) Labeling and Storage

(a)(3)(C) Unused/expired meds destroyed/returned

160. **MEDICATION TRAINING**

(b)(1)(A-C) Medication training-general-oral/top/inhalant

(b)(1)(D) Injectable premeasured autoinjector medication

(b)(1)(E) Rectal medication

(b)(1)(F) Injectable other than premeasured auto-injector

(b)(2)(A-B) Training approval documents/certificates

(b)(2)(C) Training outline on file

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

180. -

Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

-update policies per new regulations.

-shown checklist on OEC website

-CO2 detector installed per manu guideline

-bug duty in preschool + (K/F)

-Infants 1 room not gen. Heat problems

-Windex bottle labeled

-Health + safety training for all staff by April 1, 2025

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature OEC staff

Mia Miller

Printed name

M. Kellerman

Signature of person in charge

Christina Mordicato

Printed name

Christina Mordicato

OEC DIVISION OF LICENSING

50 Columbus Blvd, Suite 302, Hartford, CT 06103

elp 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 upon request.

Written Corrective Action Plan Due by: 4/1/25

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 # 16517 Date: 3/18/25

Observations/Corrections needed:

- Regulations Not in compliance when observed
- #18- Administrative oversight policy Not posted and safe sleep policy not posted in infant 1.
- #19- 1 Staff health record missing date of exam/missing Dr info.
- #49- Menus not updated on postings in center.
- #66- Dusty vents in Todds 1, Infants 2, Todds 3, Tod 4 + 5, Staff bathrooms, Preschool 4. Water stains observed in Tod 3, Tod 5 Mat room, Infants 2, Preschool 2, 3 ^{with staff} Dirty Microwaves in Preschool 2, 4, 3
- #86- Water temperatures at 133°F in Todds 3, Tod 2A at 138°F
- #88- Rolling front entrance mat in Preschool 4. Dirty rug in Preschool 1
- #159 - (a)(2) - 1 diaper cream expired in infant 3, in Tod 4A needs 1 diaper cream form. (a)(3)(c) - observed diaper creams - children no longer enrolled with program

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: *Ma Kellum*
(OEC Representative)
 Print Name: Kellerman
 Signature: *[Signature]*
(Person in Charge)
 Print Name: Christina Muzzicato

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/1/25