

**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 - Farmington    | Date of Inspection:      | 3.24.25                 | Time of Arrival:        | 9:30 am |
| Address:             | 360 Colt Hwy                | License Number:          | 15735                   | Expiration Date:        | 3/31/26 |
| Town:                | Farmington 06032            | Telephone Number:        | 860-678-8659            | Summer Care:            | open    |
| Operator:            | Educational Play Care LTD   | # of Staff Present:      | 27+                     | # over 3 Present:       | 58      |
| Email:               | KNichols@brightpathkids.com | Total Capacity:          | 285                     | Total Under 3 capacity: | 124     |
| Designated Director: | Kristie Nichols             | Hours/Days of Operation: | M-F 10:30 am to 6:00 pm | # under 3 Present:      | 73      |
|                      |                             | Ages Served:             | 6-12 years              |                         |         |

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**

1. (c)(8) Local Health Inspection-Date: 6/4/24

**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-COMLETE/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 ✓
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **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 ✓

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

- 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. (d)(5) **GROUP SIZE**
  - (d)(5)(A) Group Size-Indoors/Outdoors ✓
  - (d)(5)(B) Group Size-school age field trips/outdoors ✓
- 29. (e)(1) Mixed age group-group size
- 30. (f)(1) Designated director-training
- 31. (f)(2) 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. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(i) Swimming-Ratios ✓
  - (e)(6) 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                            |  | BRIGHTPATH Farmington  |  | LICENSE NUMBER                                 | 15735   | DATE OF INSPECTION | 3.24.25 |
|---|--|--|--|--|---|--------------------|---------|
| <b>RECORD KEEPING 19a-79-5</b>          |  |  |  | <b>PHYSICAL PLANT 19a-79-7a cont.</b>          |   |                    |         |
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C)  | Children's Enrollment information  | <input checked="" type="checkbox"/> 72.  | (d)(2)   | Walkways maintained   |                    |         |
| <input checked="" type="checkbox"/> 37. |  | <b>PARENT PERMISSIONS</b>  | <input checked="" type="checkbox"/> 73.  | (d)(3)   | Windows protected to prevent falls  |                    |         |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission   | <input checked="" type="checkbox"/> 74.  | (d)(3)   | Window screens (Schl age only- N/A)   |                    |         |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission  | <input checked="" type="checkbox"/> 75.  | (d)(4)   | Glass and mirrors protected to 36"  |                    |         |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission  | <input checked="" type="checkbox"/> 76.  | (d)(5)   | Overhead doors-locking devices, spring protectors   |                    | (N/A)   |
| <input type="checkbox"/> 38.            | (a)(2)(A-B)  | Child Health Records   | <input checked="" type="checkbox"/> 77.  | (d)(6), (f)(3)                                 | Exits, stairs, hallways unobstructed  |                    |         |
| <input checked="" type="checkbox"/> 39. | (a)(2)(C)  | Immunization records   | <input checked="" type="checkbox"/> 78.  | (d)(7)   | Individual storage of clothing/bedding  |                    |         |
| <input checked="" type="checkbox"/> 40. | (a)(2)(E)  | Individual care plan-signed by parents/staff   | <input checked="" type="checkbox"/> 79.  | (d)(8)   | Smoking or vaping prohibited on premises/grounds  |                    |         |
| <input checked="" type="checkbox"/> 41. | (a)(3)(A)  | Injury, Illness, Incident, Accident reports  | <input checked="" type="checkbox"/> 80.  | (d)(8)   | Matches/lighters inaccessible   |                    |         |
| <input checked="" type="checkbox"/> 42. | (a)(3)(B)  | Parent notification of illness or injury *   | <input checked="" type="checkbox"/> 81.  | (d)(9)   | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)          |                    |         |
| <input checked="" type="checkbox"/> 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality   | <input checked="" type="checkbox"/> 82.  |  | <b>TOILETING</b>  |                    |         |
| <input checked="" type="checkbox"/> 44. | (a)(3)(D)  | Notify DPH, local health-reportable diseases   |  | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan   |                    |         |
| <input checked="" type="checkbox"/> 45. | (a)(4)   | Video recordings- keep 30 days *   |  | <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)  |                    |         |
|   |  |  |  | (d)(11)  | Staff personal articles inaccessible  |                    |         |
|   |  |  |  |  | <b>AIR TEMPERATURE</b>  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> (e)(1)     | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)       |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> (e)(1)     | Air temp <65°F comfortable (Schl age only-N/A)  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation   |                    |         |
|   |  |  |  | (e)(3)   | Water temperature 60 °F – 120 °F  |                    |         |
|   |  |  |  | (e)(4)   | Portable space heaters prohibited   |                    |         |
|   |  |  |  | (e)(5)   | Walls/ceilings/floors/rugs-clean/good repair  |                    |         |
|   |  |  |  | (e)(5)   | Rugs- not tripping/slipping hazard  |                    |         |
|   |  |  |  | (e)(6)   | Hot water/Steam pipes protected   |                    |         |
|   |  |  |  | (e)(7)   | Working phone on each level   |                    |         |
|   |  |  |  | (e)(7)   | Emergency numbers posted-adjacent to phones   |                    |         |
|   |  |  |  | (e)(7)   | Parents provided direct on site phone number  |                    |         |
|   |  |  |  | <input type="checkbox"/> (e)(8)                | <b>LIGHTING</b>   |                    |         |
|   |  |  |  | <input type="checkbox"/> (e)(9)                | All areas min. 1 foot candle of lighting  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> (e)(9)     | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> (e)(9)     | Schl age only-lighting for comfort  |                    |         |
|   |  |  |  | (e)(10)  | Light fixtures shielded/shatter proof   |                    |         |
|   |  |  |  | (e)(11)  | Potentially hazardous substances, materials - labeled, inaccessible                       |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 95.        | Garbage/rubbish-disposed of daily, containers in good repair                              |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 96.        | Stairs-protected/good repair-handrails  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 97.        | Toxic plants/materials inaccessible   |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 98.        | Pets or other animals-in good health, written care plan including access to children      |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 99.        | Prevention of vermin-openings screened  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 100.       | Radon test- Results: <u>1.3</u> N/A   |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 101.       | Results posted-Date: <u>1/9/02</u> (Schls-N/A)  |                    |         |
|   |  |  |  | <input type="checkbox"/> 102.                  | Carbon monoxide detector-each level N/A   |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 103.       | Program space-adequate-35 sq. ft. per child   |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 104.       | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 105.       | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 106.       | Air conditioners, water heaters, fuse boxes inaccessible                                  |                    |         |
|   |  |  |  | <input checked="" type="checkbox"/> 107.       | Developmentally app equipment, materials  |                    |         |
|   |  |  |  |  |   |                    |         |
| <b>HEALTH and SAFETY 19a-79-6a</b>      |  |  |  |  |   |                    |         |
| <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. | <input checked="" type="checkbox"/> (c)            | <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  |  |  |   |                    |         |
| <input checked="" type="checkbox"/> 60. | <input checked="" type="checkbox"/> (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. | <input checked="" type="checkbox"/> (d)            | <b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags   |  |  |   |                    |         |
| <b>PHYSICAL PLANT 19a-79-7a</b>         |  |  |  |  |   |                    |         |
| <input checked="" type="checkbox"/> 62. | (a)(2)   | Fire marshal codes/certificate <u>9/19/24</u>  | <input checked="" type="checkbox"/> 95.  | (e)(12)  |   |                    |         |
| <input checked="" type="checkbox"/> 63. | (b)  | Indoor/Outdoor space inspected/approved  | <input checked="" type="checkbox"/> 96.  | (e)(13)  |   |                    |         |
| <input checked="" type="checkbox"/> 64. | (b)(1)-(5)   | Construction/expansion/renovation/conversion   | <input checked="" type="checkbox"/> 97.  | (e)(14-15)                                     |   |                    |         |
| <input checked="" type="checkbox"/> 65. | (b)(6)   | Space not inspected/approved but used for field trips-written parent permission  | <input checked="" type="checkbox"/> 98.  | (e)(16)  |   |                    |         |
| <input checked="" type="checkbox"/> 66. | (c)(2)   | Licensed premises-clean, good repair, hazard free, maintenance program established   | <input checked="" type="checkbox"/> 99.  | (e)(17)  |   |                    |         |
| <input checked="" type="checkbox"/> 67. | (c)(3)   | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)   | <input checked="" type="checkbox"/> 100. | (e)(18)  |   |                    |         |
| <input checked="" type="checkbox"/> 68. | (c)(4)   | Testing of premises/grounds for chemicals  | <input checked="" type="checkbox"/> 101. | (f)(1)(A)                                      |   |                    |         |
| <input checked="" type="checkbox"/> 69. | <input checked="" type="checkbox"/> (c)(5)(A)      | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)  | <input type="checkbox"/> 102.            | (g)(1)   |   |                    |         |
|   | <input checked="" type="checkbox"/> (c)(5)(B)      | Lead Water Test - Date: <u>3/19/24</u> (N/A)   | <input checked="" type="checkbox"/> 103. | (g)(2)   |   |                    |         |
|   | <input checked="" type="checkbox"/> (c)(5)(C)      | Bact./Chem Test-Date: _____  | <input checked="" type="checkbox"/> 104. | (g)(3)   |   |                    |         |
| <input checked="" type="checkbox"/> 70. |  | Drinking water available/accessible  | <input checked="" type="checkbox"/> 105. | (g)(4)   |   |                    |         |
|   | <input checked="" type="checkbox"/> (c)(6)(A)      | <b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside   | <input checked="" type="checkbox"/> 106. |  |   |                    |         |
|   | <input checked="" type="checkbox"/> (c)(6)(B-D)    | Building Pre-78: Y/N Lead Test: Y/N  | <input checked="" type="checkbox"/> 107. |  |   |                    |         |
|   |  | Results _____  |  |  |   |                    |         |
|   |  | Lead Management Plan <u>n/a</u>  |  |  |   |                    |         |
| <input checked="" type="checkbox"/> 71. | (d)(1)   | Emergency vehicle access   |  |  |   |                    |         |

|              |                          |                |       |                    |         |
|--------------|--------------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Bright Path - Farmington | LICENSE NUMBER | 15735 | DATE OF INSPECTION | 3.24.25 |
|--------------|--------------------------|----------------|-------|--------------------|---------|

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| <b>PHYSICAL PLANT 19a-79-7a cont.</b> | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b> |
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| <input checked="" type="checkbox"/> 108.<br><input checked="" type="checkbox"/> 109.<br><input checked="" type="checkbox"/> 110.<br><input checked="" type="checkbox"/> 111.<br><br><input checked="" type="checkbox"/> 112.<br><br><input checked="" type="checkbox"/> 113.<br><br><input checked="" type="checkbox"/> 114. | (g)(5)<br>(g)(6)<br>(j)<br>(h)(1)<br>(h)(2)<br>(h)(3)<br>(h)(4)<br>(h)(5)<br>(h)(6)<br>(h)(8)<br>(h)(9)<br><br>(h)(7)<br>(h)(7)(A)<br>(h)(7)(B)<br><br>(h)(7)(C)<br><br>(i)<br><br>(i)<br>(i) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls<br>Indoor climbing play equipment-shock absorbing materials under and around<br>No weapons/no facsimile of a firearm<br><b>OUTDOOR SPACE</b><br>Adequate space- 75 sq. ft. per child<br>Shock absorbing surfaces-minimum 8"<br>Playground free from hazards<br>Nuts, bolts, screws-tight, covered/protected<br>Outside equipment anchored-anchors buried<br>New equip- cert playg. Inspection upon request<br>Drinking water available/accessible<br>Equipment arranged for safety-equip/fences/structures not hazardous<br><b>OUTDOOR PROTECTED/FENCING</b><br>Playground protected from traffic, water, gullies or other hazards<br>Fences installed to protect from hazards-4 ft<br>Fences installed to protect from water-4 ft, self closing and self latching devices or locks<br>Rooftop play areas-6 ft. wall/barrier<br><b>WATER HAZARDS</b><br>Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61<br>Wading pools prohibited<br>Hot tubs/spas/saunas-locked/inaccessible | <input checked="" type="checkbox"/> 129.<br><br><input type="checkbox"/> 130.<br><br><input checked="" type="checkbox"/> 131.<br><input checked="" type="checkbox"/> 132.<br><input checked="" type="checkbox"/> 133.<br><input checked="" type="checkbox"/> 134.<br><br><input checked="" type="checkbox"/> 135.<br><input checked="" type="checkbox"/> 136. | <input checked="" type="checkbox"/> (f)(1)<br><input checked="" type="checkbox"/> (f)(2)<br><input checked="" type="checkbox"/> (f)(3)<br><input checked="" type="checkbox"/> (f)(4)<br><br><input checked="" type="checkbox"/> (g)(1)<br><input checked="" type="checkbox"/> (g)(1)<br><input checked="" type="checkbox"/> (g)(1)<br><br><input checked="" type="checkbox"/> (g)(2)<br><input checked="" type="checkbox"/> (g)(3)<br><br><input checked="" type="checkbox"/> (g)(4)<br><input checked="" type="checkbox"/> (g)(5)<br><br><input checked="" type="checkbox"/> (g)(6)<br><input checked="" type="checkbox"/> (g)(7)<br><input checked="" type="checkbox"/> (g)(8)<br>(h)(1)<br>(h)(1)<br>(h)(2)<br>(h)(2)<br><br>(i)(1)(2A-C)<br><br><input checked="" type="checkbox"/> (j)<br><br><input checked="" type="checkbox"/> (k)(1)<br><input checked="" type="checkbox"/> (k)(2)<br><input checked="" type="checkbox"/> (k)(3)<br><input checked="" type="checkbox"/> (k)(4)<br><input checked="" type="checkbox"/> (k)(5)<br>(l)(1)<br>(l)(2)<br>(l)(3) | <b>LINENS/CLOTHING</b><br>Linens/emergency clothing available<br>Linens washed weekly or as needed<br>Linens/clothing stored individually<br>Cribs/cots cleaned-linens changed when shared<br><b>SAFE SLEEP</b><br>Under 12 mths placed on back for sleeping<br>Crib-snug fitting mattress/tightly fitted sheet<br>Alternate sleep position/equipment-medical documentation for medical reason on file<br>Infants allowed to adopt other sleep positions<br>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles<br>No unapproved sleeping-car seats/swings/beds, etc.<br>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes<br>Observe/assess infants at least every 15 minutes<br>Teething necklaces/bracelets, jewelry inaccessible<br>Safe sleep policies posted/parents informed<br>Infant toys-separate/washed/sanitized daily<br>Toddler toys-washed/sanitized weekly<br>No toys/objects less than 1 1/4 " diameter<br>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision<br>Health consultant visits/documentation<br><b>FEEDING</b><br>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle<br>Written feeding schedule from parent-updated<br>Unused formula/milk discarded after feedings<br>Clean bottles/disposable bottles/appvd washing<br>Baby food served from dish or whole jar<br>Bottles labeled with child's name<br>Outdoor spaced fenced-4 ft lic. after 1/1/25<br>Outdoor equipment-developmentally appropriate for ages of the children<br>Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety |
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| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b> |  |
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|  |                                   |   |  |  |
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| <input checked="" type="checkbox"/> 115.<br><input checked="" type="checkbox"/> 116. | (a)<br>(a)<br>(1)-(11)<br><br>(b) | Written daily/weekly educational plan-developmentally appropriate<br><b>EDUCATIONAL REQUIREMENTS</b><br>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<br>Limited access to screen time/video games | <input checked="" type="checkbox"/> 137.<br><input checked="" type="checkbox"/> 138.<br><input checked="" type="checkbox"/> 139. |  |
|--|-----------------------------------|---|--|--|

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| <b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b> | <b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b> |
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|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <input checked="" type="checkbox"/> 117.<br><input checked="" type="checkbox"/> 118.<br><input checked="" type="checkbox"/> 119.<br><input checked="" type="checkbox"/> 120.<br><input checked="" type="checkbox"/> 121.<br><br><input checked="" type="checkbox"/> 122.<br><input checked="" type="checkbox"/> 123.<br><input checked="" type="checkbox"/> 124.<br><br><input checked="" type="checkbox"/> 125.<br><input checked="" type="checkbox"/> 126.<br><input checked="" type="checkbox"/> 127.<br><input checked="" type="checkbox"/> 128. | (b)<br>(c)(2)<br>(c)(3)<br>(c)(4)<br>(d)(1)(A-C)<br><br>(d)(2)(Ai-iii)<br>(d)(2)(B)<br>(d)(2)(C)<br><br>(d)(2)(D)<br>(d)(2)(E)<br>(d)(3)(A-C)<br><br>(e)(1)<br>(e)(2)<br><br>(e)(3)<br>(e)(4)<br>(e)(5)<br>(e)(6)(9)<br>(e)(7)<br>(e)(8)<br>(e)(10)(A-C) | Approved Under 3 Endorsement<br>Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)<br>Group size-max 8 (6wks-24mths), max 10 (24-36mths)<br>Physical barriers- indoors/outdoors<br>Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep<br>Cribs-in compliance w/CPSC (manf. after 6/28/11)<br>Washable cots<br>Chairs for feeding-stable base-safety straps-locking tray<br>Dev. appropriate tables/chairs/equipment<br>Refrigerator and food prep facilities<br>Optional furniture/equip-safe/hazard free<br><b>DIAPERING</b><br>Diaper area: elevated/sturdy/safety rail<br>Diaper area: used only for this purpose, located in the program area<br>Diaper area: non-porous surface/good repair<br>Diaper area: washed/disinfected after use<br>Diaper area: disposable paper sheets<br>Covered waste receptacle-removed daily<br>Handwashing-staff/children<br>Diapering-Handwashing policies-posted/followed<br>Cloth diapers-written plan developed | <input checked="" type="checkbox"/> 140.<br><input checked="" type="checkbox"/> 141.<br><input checked="" type="checkbox"/> 142.<br><br><input checked="" type="checkbox"/> 143.<br><input checked="" type="checkbox"/> 144.<br><input checked="" type="checkbox"/> 145.<br><input checked="" type="checkbox"/> 146. | (b)<br><br><input checked="" type="checkbox"/> (c)<br><br><input checked="" type="checkbox"/> (c)(1)<br><input checked="" type="checkbox"/> (c)(2)<br><br><input checked="" type="checkbox"/> (c)(3)<br><br>(d)<br>(e)<br>(f)<br>(g) | Approved Schl Age Endorsement<br><b>SCHEDULE - ACTIVITIES</b><br>Written daily program plan-flexible schedule-available to staff/parents<br>Activities not a duplication of child's day<br>Activities include cognitive, physical, social, emotional needs of the children<br>Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events<br>Ratio- 1:15<br>Group size- max. 30<br>4 yr. olds enrolled in schl age-written authorization/permission from director/parent<br>Head teacher approved- 60% |
|--|--|---|--|--|---|

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

|   |                        |                |                                      |                    |         |
|---|------------------------|----------------|--------------------------------------|--------------------|---------|
| PROGRAM NAME                                    | BrightPath- Farmington | LICENSE NUMBER | 15735                                | DATE OF INSPECTION | 3.24.25 |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N |                        |                | MONITORING OF DIABETES 19a-79-13 Y/N |                    |         |

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> 147. (b)     | Approved Night Care Endorsement  | <input type="checkbox"/> 171. (a)(1)         | Written policies and procedures<br><b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions<br>Training updated at least every 3 years<br>Written documentation of training<br>Trained staff on site when child is present<br>Self-administration - written authorization and under supervision of trained staff<br>Equipment provided by parents<br>Equipment labeled and inaccessible<br>Signed agreement with parent regarding equipment, supplies, materials to be discarded<br>Authorized prescriber written order<br>Written authorization from parent<br>Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| <input type="checkbox"/> 148. (b)(1)  | Person in charge-head teacher  | <input type="checkbox"/> 172. (b)(1)(A)      |  |
| <input type="checkbox"/> 149. (b)(2)  | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input type="checkbox"/> (b)(1)(B) (i)-(iii) |  |
| <input type="checkbox"/> 150. (b)(3)  | Written plan for supervision including cot placement and evacuation                          | <input type="checkbox"/> (b)(2)              |  |
| <input type="checkbox"/> 151. (b)(4)  | Children in care no more than 12 hrs. in 24  | <input type="checkbox"/> (b)(3)              |  |
| <input type="checkbox"/> 152. (b)(5)  | Staff awake and available  | <input type="checkbox"/> (c)(2)              |  |
| <input type="checkbox"/> 153. (b)(6)  | <b>SLEEP PROVISIONS</b>  | <input type="checkbox"/> (c)(3)              |  |
| <input type="checkbox"/> (b)(6)(A)    | Individual cot/crib with bedding   | <input type="checkbox"/> 173. (d)(1)         |  |
| <input type="checkbox"/> (b)(6)(B)    | Sleeping apparel/toiletries labeled  | <input type="checkbox"/> 174. (d)(2)         |  |
| <input type="checkbox"/> (b)(6)(C)    | Required bedding   | <input type="checkbox"/> 175. (d)(3)         |  |
| <input type="checkbox"/> (b)(6)(D)    | Required toiletries  | <input type="checkbox"/> 176. (e)(1)         |  |
| <input type="checkbox"/> (b)(6)(D)    | Bedding/sleeping apparel laundered weekly  | <input type="checkbox"/> 177. (e)(2)         |  |
| <input type="checkbox"/> (b)(7)       | Sleep arrangements for infants   | <input type="checkbox"/> 178. (e)(3)         |  |
| <input type="checkbox"/> 154. (b)(8)  | Air temp 65 °F at 3 ft   | <input type="checkbox"/> 179. (e)(3)         |  |
| <input type="checkbox"/> 155. (b)(9)  | Fire marshal approval-hours specified  |  |  |
| <input type="checkbox"/> 156. (b)(10) | Local health approval  |  |  |

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N ADDITIONAL VIOLATION

|  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> 157. (9a)        | Written medication policies/procedures<br>Permit enrollment of children with asthma, allergies, diabetes<br><b>NONPRESC. TOPICAL MEDICATION</b><br>Admin/Parent permission/report errors<br>Labeling and Storage<br>Unused/expired meds destroyed/returned<br><b>MEDICATION TRAINING</b><br>Medication training-general-oral/top/inhalant<br>Injectable premeasured autoinjector medication<br>Rectal medication<br>Injectable other than premeasured auto-injector<br>Training approval documents/certificates<br>Training outline on file<br>Authorized prescriber/parent permission<br>Medication errors- documentation, parent(s) and OEC notification<br>Medication Administration Records (MAR)<br>Labeling and Storage<br>Emergency medication inaccessible<br>Unused/Expired meds-destroyed/returned<br>Auto-injector/inhalant equipment<br>Self-administration documentation<br>Petition for special medication authorization<br>Potassium Iodide (KI) emergency distribution-permission and storage N/A | <input type="checkbox"/> 180. - n/a | Consent Order/Negotiated Corrective Action Plan conditions N/A |
| <input checked="" type="checkbox"/> 158. (9a)        |   |                                     |  |
| <input checked="" type="checkbox"/> 159. (a)(2)      |   |                                     |  |
| <input checked="" type="checkbox"/> (a)(3)(A-B)      |   |                                     |  |
| <input checked="" type="checkbox"/> (a)(3)(C)        |   |                                     |  |
| <input checked="" type="checkbox"/> 160. (b)(1)(A/C) |   |                                     |  |
| <input checked="" type="checkbox"/> (b)(1)(D)        |   |                                     |  |
| <input checked="" type="checkbox"/> (b)(1)(E)        |   |                                     |  |
| <input checked="" type="checkbox"/> (b)(1)(F)        |   |                                     |  |
| <input checked="" type="checkbox"/> (b)(2)(A-B)      |   |                                     |  |
| <input checked="" type="checkbox"/> (b)(2)(C)        |   |                                     |  |
| <input checked="" type="checkbox"/> 161. (b)(3)(A-B) |   |                                     |  |
| <input checked="" type="checkbox"/> 162. (b)(3)(D)   |   |                                     |  |
| <input checked="" type="checkbox"/> 163. (b)(4)(A-B) |   |                                     |  |
| <input checked="" type="checkbox"/> 164. (b)(5)(A-B) |   |                                     |  |
| <input checked="" type="checkbox"/> 165. (b)(5)(C)   |   |                                     |  |
| <input checked="" type="checkbox"/> 166. (b)(5)(D)   |   |                                     |  |
| <input checked="" type="checkbox"/> 167. (b)(5)(E)   |   |                                     |  |
| <input checked="" type="checkbox"/> 168. (b)(6)      |   |                                     |  |
| <input checked="" type="checkbox"/> 169. (b)(7)(A-B) |   |                                     |  |
| <input checked="" type="checkbox"/> 170. (d)         |   |                                     |  |

DISCUSSIONS - COMMENTS

\* items new regulations discussed.  
 - policies to be updated to reflect new regulations.

|                        |             |                               |                    |
|------------------------|-------------|-------------------------------|--------------------|
| SIGNATURE OF OEC STAFF | Betty mayer | SIGNATURE OF PERSON IN CHARGE | Kristie A. Nichols |
| PRINTED NAME           | Betty Mayer | PRINTED NAME                  | Kristie A. Nichols |

|   |  |   |  |
|---|--|---|--|
| OEC DIVISION OF LICENSING<br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeec.licensing@ct.gov">oeec.licensing@ct.gov</a> | Inspection shall be posted or available for review upon request. | Written Corrective Action Plan Due by: 4/7/25 | 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: Bright Path - Farmington License # 15735 Date: 3.24.25

Observations/Corrections needed: Program not in compliance when...

#14 2.8 preschool authorization permission missing for one child.

#38 Four children's physicals expired.

#94(e)(9) lighting less than 30/50 candle feet in lower level toddler classrooms.

#102 CO detector not observed on second floor.

#130 (g)(8) complete safe sleep policy not posted in infant classrooms.

Discussed: <sup>①</sup> microwave unclean in TOD2, refrigerator unclean in Toddler L. <sup>②</sup> ~~1 child missing documentation of flu vaccine.~~ OK BM

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: Betty Mayer

Print Name: Betty Mayer  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 4/7/25

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