



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:	BrightPath East Hampton	Date of Inspection:	4/4/2025	Time of Arrival:	8AM
Address:	140 E. High St.	License Number:	70219	Expiration Date:	1/31/2027
Town:	East Hampton, CT. 06424-1544	Telephone Number:	860-615-2045	Summer Care:	Open
Operator:	Educational Play Care, LTD	# of Staff Present:	21+	# over 3 Present:	41
Email:	dhundley@brightpathkids.com	Total Capacity:	209	Total Under 3 capacity:	88
Designated Director:	Debra Hundley	Hours/Days of Operation:	Monday-Friday 6:30AM-1PM		

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

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 5/18/2023	<input checked="" type="checkbox"/> 19. (a)(1) Staff health records
<b>ADMINISTRATION 19a-79-3a</b>	<input checked="" type="checkbox"/> 20. (a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21a. (b)(2) Past employment history
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4) Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d) Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2) Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<b>RATIOS</b>
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. <b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> (d)(4)(B) Mixed age group
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(6) Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (d)(5) Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(A) Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)(B) Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (e)(1) Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (f)(1) CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 13. <b>ACCESS</b>	<input checked="" type="checkbox"/> (a)(2) Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (h)(1) Health & Safety training
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (h)(2) 1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity	<input type="checkbox"/> (4)(C)(i) Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (e)(6) CPR certified staff-age 20 or older
<b>POSTINGS</b>	<input type="checkbox"/> (e)(6) Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (i) - Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> (F) Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<b>Consultant visits- Education/Health</b>
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	Contracts Logs Visits
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted	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"/>

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	BrightPath East Hampton	<b>LICENSE NUMBER</b>	70219	<b>DATE OF INSPECTION</b>	4/4/2025
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/> 36. <input type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> (d)(8)  <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)  <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7)  (d)(8)  (d)(8) (d)(9)  (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11)  (e)(1)  (e)(2) (e)(3) (e)(4)  (e)(5) (e)(5) (e)(6)  (e)(7) (e)(7) (e)(7)  (e)(8) (e)(9)  (e)(9) (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors--locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected <b>TOILETING</b> 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 <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> 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, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals--in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: <u>3.5</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) (c)  (c)  (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration--41 degrees Menus--1 wk in advance- keep 3 mths Food Service Inspection <u>10/29/2024</u> (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing--staff/children Illness procedures--staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91.  <input checked="" type="checkbox"/> 94.	(e)(1)  (e)(2) (e)(3) (e)(4)  (e)(5) (e)(5) (e)(6)  (e)(7) (e)(7) (e)(7)  (e)(8) (e)(9)  (e)(9) (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)
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**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)  <input checked="" type="checkbox"/> 70.  <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2)  (c)(3)  (c)(4)  (c)(5)(A) (c)(5)(B) (c)(5)(C)  (c)(6)(A) (c)(6)(B-D)	Fire marshal codes/certificate <u>12/23/2024</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips--written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>12/14/2024</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>N/A</u> Lead Management Plan _____  Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 95.  <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105.  <input checked="" type="checkbox"/> 106.  <input checked="" type="checkbox"/> 107.	(e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Bright Path East Hampton	<b>LICENSE NUMBER</b>	70219	<b>DATE OF INSPECTION</b>	4/4/2025
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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. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111.  <input checked="" type="checkbox"/> 112.  <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)  (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C)  (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <b>WATER HAZARDS</b> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 128.  <input checked="" type="checkbox"/> 129.  <input checked="" type="checkbox"/> 130.  <input checked="" type="checkbox"/> 131.  <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.  <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	(e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C)  (f)(1) (f)(2) (f)(3) (f)(4)  (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8)  (h)(1) (h)(1) (h)(2) (h)(2)  (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)  (l)(1) (l)(2) (l)(3)	<b>DIAPERING cont.</b> 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 <b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety
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<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	
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<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11)  (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <b>EDUCATIONAL REQUIREMENTS</b> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/> 131.  <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.  <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	(h)(1) (h)(1) (h)(2) (h)(2)  (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)  (l)(1) (l)(2) (l)(3)	Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety
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<b>UNDER THREE ENDORSEMENT 19a-79-10</b>	(Y/N)
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<input checked="" type="checkbox"/> 117. <input checked="" type="checkbox"/> 118. <input checked="" type="checkbox"/> 119. <input checked="" type="checkbox"/> 120. <input checked="" type="checkbox"/> 121. <input checked="" type="checkbox"/> 122. <input checked="" type="checkbox"/> 123. <input checked="" type="checkbox"/> 124. <input checked="" type="checkbox"/> 125. <input checked="" type="checkbox"/> 126. <input checked="" type="checkbox"/> 127. <input checked="" type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.  <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	(b) (c) (c)(1) (c)(2) (c)(3)  (d) (e)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	(Y/N)
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<input checked="" type="checkbox"/> 117. <input checked="" type="checkbox"/> 118. <input checked="" type="checkbox"/> 119. <input checked="" type="checkbox"/> 120. <input checked="" type="checkbox"/> 121. <input checked="" type="checkbox"/> 122. <input checked="" type="checkbox"/> 123. <input checked="" type="checkbox"/> 124. <input checked="" type="checkbox"/> 125. <input checked="" type="checkbox"/> 126. <input checked="" type="checkbox"/> 127. <input checked="" type="checkbox"/> 128.	(b) (c) (c)(1) (c)(2) (c)(3)  (d) (e)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.  <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	(b) (c) (c)(1) (c)(2) (c)(3)  (d) (e)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Bright Path Eco Hampton	<b>LICENSE NUMBER</b>	20219	<b>DATE OF INSPECTION</b>	4/4/2025
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<b>STAFF TRAINING</b> Staff training – first aid
						(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
						(i)-(iii)	

<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> Y/N	<input checked="" type="checkbox"/>	173.	(c)(3)	Training updated at least every 3 years
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	174.	(d)(1)	Written documentation of training
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	175.	(d)(2)	Trained staff on site when child is present
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	176.	(d)(3)	Self-administration - written authorization and under supervision of trained staff
N/A				<input checked="" type="checkbox"/>	177.	(e)(1)	Equipment provided by parents
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	178.	(e)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	179.	(e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available				Authorized prescriber written order
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>				Written authorization from parent
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding				Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled				
<input type="checkbox"/>		(b)(6)(B)	Required bedding				
N/A		(b)(6)(C)	Required toiletries				
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants				
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y/N	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	- N/A	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input type="checkbox"/>	159.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors	<b>DISCUSSIONS/COMMENTS</b> Discussed new regulation and provided information on accessing October 2024 sample policies and coordinating checklist to be used when updating program's policies/procedures/plans  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.	(b)(1)(A/C)	<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file				
<input type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

<b>Signature of OEC staff</b>		<b>Signature of person in charge</b>	
<b>Printed Name</b>	Budget Officer	<b>Printed Name</b>	Debra S. Hundley

<b>OEC DIVISION OF LICENSING</b> 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:oecl.licensing@ct.gov">oecl.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 4/18/2025	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

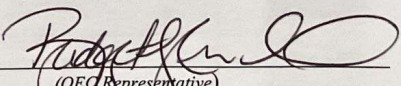
Name of Program/Provider: BrightPath East Hampton License # 70219 Date: 4/14/2025

## Observations/Corrections needed:

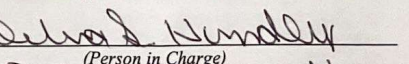
- #<sup>(2)(C)</sup>39(a)(1)(D)(ii): observed no documentation of Flu vaccination for 1 child
- #137(a)(1)(D)(ii): observed 5 children missing pick up persons) other than parent(s)
- #166(c)(2): observed soiled toilets and broken stool in school age rooms of lower level, stained ceiling tiles in classroom and bathroom and bulbs out in Preschool 4, stained ceiling tiles and bulbs out in school age next to Preschool 4, stained ceiling tile Infant 2, stained ceiling tile Activity room, dusty vents on kitchen ceiling, bulbs out Preschool 1, Broken toy sink Toddler 8, dusty bathroom vent Preschool 3, bulbs out Preschool 2
- #23(d)(3): observed no stoppers in windows in Toddler 1, Toddler 2 and Toddler 3
- #32(d)(10)(H): observed no working mechanical ventilation in Preschool 2 bathroom
- #21(b): observed 1 staff without current background checks
- #94(c)(9): observed unprotected bulbs in hallway by Preschools
- #112(h)(7)(B): observed gate not latching shut on Infant/Toddler playground
- #111(h)(3): observed gaps between 3 Infant/Toddler playground fencing large enough for body parts to fit through
- #111(h)(5): observed ~~air~~ airplane seesaw to be unanchored
- #159(a)(2): observed numerous diaper cream firms missing / missing complete dates of administration or firms were expired in Infant 2, Toddler 1, Toddler 2, Toddler 3, Toddler 4, Toddler 8
- #166(b)(3)(A-B): observed incomplete Prescriber authorization forms in Preschool 1, Toddler 7, Preschool 3

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: BRIDGET HEERN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/18/2025Signature: Print Name: Debra S Hundley