☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Wallingford Date: 1/27/23 Time: 945am

Location Address: 15 N. Plains Industrial Rd. Telephone #: 203 265 0055

e-mail address: Karmeno@brightpathKids.com License #: 70090 Expiration Date: 9/30/24

Capacity: 210/108 # of Children Present: 86 # of Staff Present: 17+

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** N/A

Purpose of visit: Follow up Case 2023-35

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4) - Staffing - ratios - Walk through conducted - No violations at this visit.

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: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Laura Hulp _____ *(Person in Charge)*

Kimberly Armeno