

2023-205

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Wallingford Date: 3/26/23 Time: 2:00

Location Address: 15 N Plains Industrial RD Wallingford, CT Telephone #: (203) 265-0055

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

Capacity: 210/108 # of Children Present: 87 # of Staff Present: 18

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

Purpose of visit: Complaint/Investigation 2023-205

Observations/Corrections needed:

PIC - Kimberly Armeno Director

(NS) 19a-79-3a(b)(7) - Administration - Annual training/orientation

(NS) 19a-79-3a(d)(2)(A) - Administration - Policies & Procedures

Positive Guidance -

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision

(NS) 19a-79-4a(c)(3)(A) - Staffing - Personal Qualities

(NJ) 19a-79-5a(a)(3) - Record Keeping

(S) 19a-79-3a(d)(8)(E) Administration - Personnel Policies - Communication

w/ Parents - staff did not appropriately communicate to a parent re child behavior in the classroom. Per staff, child was engaging in unsafe behaviors.

(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: Vaery Williams
(OEC Representative)

Print Name: Vaery Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: elw (4/3/23)

Signature: Kimberly Armeno
(Person in Charge)

Print Name: Kimberly Armeno