

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath - Cheshire Date: 5/9/23 Time: 12:45

Location Address: 1430 Highland Ave Cheshire Telephone #: 203 451 7407

e-mail address: rwilder@brightpathkids.com License #: 70369 Expiration Date: 8/31/25

Capacity: 240 # of Children Present: 147 # of Staff Present: 38

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 <u>N/A</u>
--	--

Purpose of visit: Consent Order monitoring - 2nd visit.

Observations/Corrections needed:

NS Condition #8 - In compliance - Observed logs of video viewed. Weekly observations documented for 18 classrooms weekly.

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: [Signature]
(OEC Representative)
Lauren Hull

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

Signature: [Signature]
(Person in Charge)