

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Windsor 1045 Day Hill Date: 5/22/23 Time: 12:50

Location Address: 1045 Day Hill Rd, Windsor Telephone #: (800) 359-3735

e-mail address: bmange@brightpathkids.com License #: 70307 Expiration Date: 8/31/24

Capacity: 154/92 # of Children Present: 54 # of Staff Present: 13

**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 _____

Purpose of visit: Self Report case 2023-441

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(p) - staffing - supervision - program failed to supervise child when a child was left outside alone on the playground for approximately ~~18~~ ^{EW} 2 minutes

Discussed: use of restraining toddler chair

⑤ **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: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/5/23

Signature: Brian Marge
(Person in Charge)