

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - 1045 Day Hill Date: 5/30/23 Time: 9:00

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

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

Capacity: 154/92 # of Children Present: 56 # of Staff Present: 16

Consent to Inspect Family Child Care Home	<i>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></i>
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Purpose of visit: Follow-up case 2023-441

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - staffing-supervision - observed proper supervision in the classrooms

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 Waight
(OEC Representative) Erin Waight

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

Signature: Christina Camillo
(Person in Charge)