

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath - Windsor 1045 Day Hill Date: 6/11/23 Time: 2:20

Location Address: 1045 Day Hill Rd, Windsor Telephone #: (860) 359-3735

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

Capacity: 154/92 # of Children Present: 60 # 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: Follow-up Case 2023-476

Observations/Corrections needed:

⑤ 19a-79-10(c)(2)-under 3 endorsement-ratio- Program failed to maintain 1:4 ratio when 1 staff member was alone with a group of 7 children for approximately 10-20 minutes.

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: 6/15/23

Signature: Brian Gange
(Person in Charge)