

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Windsor 1045 Day Hill Date: 5/30/23 Time: 900

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

e-mail address: bchange@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 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 N/A

Purpose of visit: Follow-up case 2023-398

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - 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 Wraight
(OEC Representative) Erin Wraight

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

Signature: Christina Camillo
(Person in Charge)