

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Berlin Date: 5-25-23 Time: 12
Location Address: 9 High Rd., Berlin Telephone #: 860-327-2024
e-mail address: lbaker@brightpathkids.com License #: 70226 Expiration Date: 3-31-27
Capacity: 165 # of Children Present: 122 # of Staff Present: 20

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: case # 2023-455

Observations/Corrections needed:

5-19-23 79-3c(b)(8)(A) - a staff member did not
manage child behaviors using techniques
based on developmentally appropriate
practices when she instructed a
child to hit another child.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6-8-23

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: [Signature]