

2023-577

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Wallingford Date: 7/17/23 Time: 1pm

Location Address: 15 N. Plains Industrial Rd Wallingford Telephone #: 203-265-0057

e-mail address: Karmeno@brightpathkcs.com License #: 70090 Expiration Date: 9/30/24

Capacity: 210/108 # of Children Present: 96 # of Staff Present: 22

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: follow-up 2023-577 - Self Report

Observations/Corrections needed:

Pic - Kim Arnold - Director Meghan Follen - asst. Director

(NS) 19a-79-4a(c)4(D) Staffing - Supervisor - Per asst. Director Staff
have been retained w/ Program's Separation policy

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: n/a

Signature: Valeen Williams
(OEC Representative)

Print Name: Valeen Williams

Signature: Meghan Follen
(Person in Charge)

Print Name: Meghan Follen