

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 7/18/23 Time: 12:40^{am}

Location Address: 140 E. High St. East Hampton Telephone #: 860 365 5587

e-mail address: hmartin@brightpathkids.com License #: 70219 Expiration Date: 1/31/27

Capacity: 269/88 # of Children Present: 126 # of Staff Present: 23

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 N/A

Purpose of visit: Self report Case 2023-620

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the health, safety
and development of children - Staff failed to ensure the
health + safety of a child when they gave a child milk
when he has a known milk allergy.

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: 8/1/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Heather J. Martin