

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 10/3/23 Time: 1:10

Location Address: 555 Day Hill Rd Windsor Telephone #: 860 580 5280

e-mail address: CMozzicato@brightpath.kd.com License #: 112517 Expiration Date: 1/31/24

Capacity: 184/104 # of Children Present: 53 # of Staff Present: 12+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: <u>N/A</u>
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Purpose of visit: Partial for cases 451, 660

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through - No violations

NS 19a-79-10(c)(2) + (3) - Under three Endorsement - Ratio + Group Size -  
No violations.

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: [Signature]  
(OEC Representative)

Print Name: Laura Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Christina Mozzicato