

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Chelsea Date: 11/15/23 Time: 8:30am

Location Address: 1430 Highland Avenue Chelsea, CT Telephone #: 203-651-7407

e-mail address: R.Wilder@brightpathkids.com License #: 70369 Expiration Date: 8/31/25

Capacity: 270/96 # of Children Present: 133 # of Staff Present: 30

**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 _____

Purpose of visit: 3-month Partial (2023-552) Self Report

Observations/Corrections needed:

PIC Roseann Wilder - Director

(NS) 19a-79-4a(c)4(6) - Staffing - Supervised - Per Director program has been appropriately supervising children and adhering to supervision 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: Valecia Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: Roseann Wilder
(Person in Charge)

Print Name: Roseann Wilder