

2024-1079

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Windsor Date: 11/18/21 Time: 1:15 pm

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

e-mail address: C.mozzicato@brightpathkids.com License #: 16517 Expiration Date: 1/31/26

Capacity: 184/104 # of Children Present: 57 # of Staff Present: 14

**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: follow-up 2024-1079

Observations/Corrections needed:

PIC - Director - ^{Christina} ~~Christina~~ Mozzicato -

19a-79-1a(c)(4)(D) -

(NS) Staffing - Supervisor - Per Director, Program has been adhering to their written 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.

Signature:
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: nlp

Signature:
(Person in Charge)
Christina Mozzicato