

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 1/2/25 Time: 11:30

Location Address: 5 Fenway West Hartford Telephone #: 860 519 0383

e-mail address: dmonfredo@brightpathkids.com License #: 70171 Expiration Date: 5/31/26

Capacity: 194/120 # of Children Present: 129/77 # of Staff Present: 31

Consent to Inspect	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all</i>
Family Child Care Home	<i>child care records as required by Family Child Care Home Regulations.</i>
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Self report Case 2024-1342

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D)-Staffing-Supervision-Staff were not
adequately supervising when 2 children were in the bathroom
and one inappropriately touched another.

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: 1/16/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Deanna Monfredo