

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 1/23/25 Time: 1:00 PM

Location Address: 5 Fenway Telephone #: 800 519 0383

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

Capacity: 194/120 # of Children Present: 143/89 # of Staff Present: 33

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 <u>N/A</u>
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Purpose of visit: Follow up case 2024-1342

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing - Supervision - Walk through
conducted. No violations at this visit.

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)