☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☒ Other em

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Date: 2/4/25 Time: 12:00pm

Location Address: 111 Merritt BLVD Trumbull 06611 Telephone #: 203-816-6252

e-mail address: trumbullct@brightpathkids.com License #: 70462 Expiration Date: 12/26/26

Capacity: 219 # of Children Present: 33 ↓ 3 25 ↑ 3 # of Staff Present: 12

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*** NA

Purpose of visit: Partial inspection for supervision inspection dated 10/28/24

Observations/Corrections needed:

#28(d)(4)(D) Supervision is in compliance 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: FLMontanye (OEC Representative)

Print Name: FLMontanye

Signature: (Person in Charge)

Print Name: Chrystal Nunez