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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path: South Windsor Date: 2/7/25 Time: 9:30am

Location Address: 742 Ellingto RD - South Windsor, CT 06079 Telephone #: 860-254-7777

e-mail address: K.marino@brightpathkids.com License #: 70661 Expiration Date: 9/30/26

Capacity: 255/96 # of Children Present: 66 # of Staff Present: 15

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

Observations/Corrections needed:

PIC Kaylee Mann - Director

(NS) 19a-179-4a(d) 4(D) - Staffing and Consultant - Supervision - Per Director, program has been 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: V Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: K Marino
(Person in Charge)

Print Name: Kaylee Marino