

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 4/3/25 Time: 1:20 pm

Location Address: 1430 Highland Ave. Cheshire. Telephone #: 203 651 7407

e-mail address: ksopko@brightpathkids.com License #: 70369 Expiration Date: 8/31/25

Capacity: ~~242~~ ²⁷⁰ 202 # of Children Present: 142 # of Staff Present: 30

Consent to Inspect Family Child Care Home Provider/Applicant/Substitute's Signature _____	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. N/A
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Self report 2025-293

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing Child behavior - Staff failed to manage a child's behavior when they put a child in a chair in time out for about 13 min.

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)

Print Name: Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/17/25

Signature: [Signature]
(Person in Charge)

Print Name: Noreen K Sopko