☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath-Reading Bldg A Date: 5/16/25 Time: 9:25am

Location Address: 20 Portland Ave Reading, CT 06896 Telephone #: (203)664-8181

e-mail address: wfaticoni@brightpathkids.com License #: 20565 Expiration Date: 9.30.28

Capacity: 49 # of Children Present: 43 # of Staff Present: 6

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: Self Reported Incident Case 2025-494

Observations/Corrections needed:

S= 19a-79-3a(d)(5)(c) Program's supervision policy not implemented. When children weren't supervised on the playground resulting in a childs injury. Another child informed them of this.

S= 19a-79-3a(a)- Staff did not ensure a child's safety when he was injured by another child as a result of lack of supervision.

S= 19a-79-4a(d)(4)(D)- Children were not supervised on the playground which resulted in a child being injured. Another child informed them of this.
Program to send staff statements
As seen on program video

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: 5.30.25

Signature: Terri K Roberts
(OEC Representative)
Print Name: Terri K Roberts

Signature: Wendy Faticoni
(Person in Charge)
Print Name: Wendy Faticoni