

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath-Berlin Date: 6/5/25 Time: 7:59 am

Location Address: 9 High Rd Berlin Ct Telephone #: 860-357-2024

e-mail address: lbaker@brightpathkids.com License #: 70226 Expiration Date: 3/31/27

Capacity: 165/80 # of Children Present: 39/24 # of Staff Present: 12+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to inspection conducted on 4/28/25

Observations/Corrections needed:

- 19a-79-4a(d)(4)(A): Ratio 1:10 In compliance at time of visit.
- 19a-79-4a(d)(4)(D): Supervision: In compliance at time of visit.
- 19a-79-7a(f)(1)(A): Capacity 35 sq. ft: In compliance at time of visit.
- 19a-79-10(c)(2): Ratio 1:4 & 1:5: In compliance at time of visit.
- 19a-79-10(c)(3): Group Size: In compliance at time of 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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Shanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Kristin Petrucci