

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 6/27/25 Time: 8:30

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

e-mail address: trumbullct@brightpathkids.com License #: 70462 Expiration Date: 12/31/26

Capacity: 219/104 # of Children Present: 51/24 # of Staff Present: 10⁺

**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: Investigation 2025-647

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) Supervision - regulation not met when child was left unsupervised for 2 1/2 minutes. Child was in the bathroom and staff brought class to another classroom, leaving child in ^{large} motor room.

⑤ 19a-79-3a(d)(5) Implement program policies - regulation not met when staff did not conduct name to face or utilize her class list when transitioning children from large motor room to a classroom, resulting in a child being left alone in large motor area.

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: 7/11/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Christal Alvarez
(Person in Charge)

Print Name: Christal Alvarez