

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 6/10/25 Time: 1230

Location Address: 555 Day Hill Rd. Windsor Telephone #: 800 580 5280

e-mail address: cmozzicato@brightpathkids.com License #: 16517 Expiration Date: 11/31/26

Capacity: 184/164 # of Children Present: 76/39 # of Staff Present: 16

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 <u>N/A</u>
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Purpose of visit: Partial for case 2024-1353

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing - supervision - No violations

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: [Signature]
(OEC Representative)
Print Name: Laura Hill
Signature: [Signature]
(Person in Charge)
Print Name: Christina Moccicato