

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Date: 7/2/25 Time: 3:15
Location Address: 1430 Highland Ave. Chesire Telephone #: 203-651-7407
e-mail address: KSopko@brightpathkids.com License #: 70349 Expiration Date: 8/31/25
Capacity: 270/104 # of Children Present: 125 # of Staff Present: 24

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up case 2025-590

Observations/Corrections needed:

7:2 19a-79-4a(a)(4)(b) - Staffing - supervision-in
4:1 Compliance
8:2
4:1
7:2 Discussed:
17:2 - swaddles no longer permitted per regulations.
8:1
10:1
8:1
18:2
9:1
7:2
4:1 5:4
5:1 4:1

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: Krisi Morgan
(OEC Representative)
Print Name: Krisi Morgan
Signature: Karen L. Sopko
(Person in Charge)
Print Name: Karen L. Sopko