

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 7/10/25 Time: 1:50

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

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

Capacity: 219/104 # of Children Present: 58/32 # of Staff Present: 11 (20)

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Follow-up for investigation 2025-647 on 6/27/25

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) Supervision - in compliance at time of follow-up visit. Classroom counts match #'s recorded in app.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Crystal Nunez
(Person in Charge)

Print Name: Crystal Nunez