

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

SUPPLEMENTAL REPORT OF INSPECTION

7.31.25

Name of Program/Provider: BRIGHTPATH - WINDSOR Date: 7.30.25 Time: 1:30 PM

Location Address: 555 Day Hill Rd. Telephone #: 860 580 5280

e-mail address: cmozzicato@brightpath License #: 16517 Expiration Date: 1.31.26

Capacity: 184 # of Children Present: 78 # of Staff Present: 15

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 [Signature]

Purpose of visit: INVESTIGATION CASE # 2025-822

Observations/Corrections needed:

③ 19a-79-3a(a) The operator failed to ensure the safety, health and development of children. When it was observed that menu for child with allergies was not followed by staff.

NS 19a-79-5a - Observed all record keeping and staff training up to date and current.

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: 8.14.25

Signature: [Signature]
(OEC Representative)
Print Name: PATRICIA A. JOURSKI

Signature: [Signature]
(Person in Charge)
Print Name: Christina mozzicato