

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 8/1/25 Time: 11:15 ^{am}

Location Address: 149 Danbury Rd. New Milford Telephone #: 860 799 4200

e-mail address: MCorrea@brightpathkids.com License #: 70693 Expiration Date: 2/28/27

Capacity: 40/28 # of Children Present: 21/12 # of Staff Present: 8

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>
--	---

Purpose of visit: Self report Case 2025-789

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(b) - Staffing - Supervision - Staff failed to supervise a child when she was left alone in a classroom for about 1 minute.

⑤ 19a-79-3a(d) - Administration - Staff failed to follow the programs policy for transition of children when they did not do a visual sweep of the class or confirm the number of children present before leaving the classroom.

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: 8/15/25

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hall
Signature: [Signature]
(Person in Charge)
Print Name: Marissa Correa