

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Wallingford Date: 8/5/25 Time: 2:45
Location Address: 15 N. Plains Industrial Rd. Wallingford Telephone #: 203-265-0055
e-mail address: WallingfordCT@brightpathkids.com License #: 70090 Expiration Date: 9/30/24
Capacity: 194/92 # of Children Present: 71 # of Staff Present: 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 on safe sleep + supervision

Observations/Corrections needed:

4:1 ~~19a-79-4a~~ - Staffing - Supervision - in compliance
3:1 ~~19a-79-10(g)(3)~~ - Under 3 endorsement - sleep arrangements
3:1 19a-79-10 (g)(3) - observed infant sleeping
7:3 with a bib on ; 1 sleeping with a strap
8:2 attached to a pacifier ; 1 sleeping on a
4:1 large crib sheet.
8:2
10:1 19a-79-10 (g)(3) - Under 3 endorsement - sleep
4:1 arrangements - observed 1 infant sleeping with
14:3 abraded ankle on.
6:1

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: 8/19/25

Signature: [Signature]
(OEC Representative)
Print Name: Kim Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Deanna Marra