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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Simsbury Date: 8/14/25 Time: 10:30

Location Address: 1 St. Johns Place Simsbury Telephone #: 860-651-9339

e-mail address: lmarek@brightpathkids.com License #: 16415 Expiration Date: 11/30/25

Capacity: 214 # of Children Present: 149 # of Staff Present: 29

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*** _____

Purpose of visit: Investigation Case 2025-871

Observations/Corrections needed:

(S) 19a-79-5a(3)(A) - record keeping - inciant reports - program failed to produce + maintain incident reports for children who were biting. Program does not inform parents of biters until 2 or more incidents of biting.

(P) 19a-79-4a(d)(4)(D) - staffing - supervision - pending review of camera footage.

(P) 19a-79-3a(d)(2)(A) - administration - discipline policy - pending investigation.

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: 8/28/25

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: William Caravalho