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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Redding Bldg A Date: 8/15/25 Time: 1015 am

Location Address: 20 Portland Ave Redding, CT 06896 Telephone #: (203) 664-8181

e-mail address: Wfatiuna@brightpathkids.com License #: 70565 Expiration Date: 9.30.28

Capacity: 49 # of Children Present: 33 # of Staff Present: 4

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: Supervision Follow Up Case 2025-494

Observations/Corrections needed:

No Violations at this visit

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: _____

Signature: _____

Print Name: (OEC Representative) Terri R Roberts

Signature: _____

Print Name: (Person in Charge) Sarah Zaruba