

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](http://www.ctoec.org) Fax (860)326-0552

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Date: 8/14/25 Time: 2:15

Location Address: 15 N. Plains Industrial Rd Telephone #: 203-265-0055  
Wallingford

e-mail address: wallingford@brightpathkids.com License #: 70090 Expiration Date: 9/30/28

Capacity: 194/92 # of Children Present: 70 # of Staff Present: 17

<b>Consent to Inspect Family Child Care Home</b>	<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>
--	---

Purpose of visit: follow up on safe sleep

Observations/Corrections needed:

<u>19a-79-10 (g) - Under 3 endorsement - safe sleep</u>	<u>3:1</u>
<u>- in compliance today</u>	<u>8:2</u>
	<u>4:1</u>
	<u>4:2</u>
	<u>8:3</u>
	<u>5:2</u>
	<u>16:2</u>
	<u>15:2</u>
	<u>7:1</u>

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: n/a

Signature: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: \_\_\_\_\_