

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 8/14/25 Time: 12:15 pm

Location Address: 1109 Danbury Rd. New Milford Telephone #: 860 799 4200

e-mail address: MCOVCCA@brightpathkids.com License #: 70093 Expiration Date: 2/28/27

Capacity: 224 # of Children Present: 43/20 # of Staff Present: 12

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>
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Purpose of visit: Follow up Case 2025-789

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing - Supervision - Walk through conducted -
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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Alicia Hill
Signature: [Signature]
(Person in Charge)
Print Name: MARISSA CORREA