☐ 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: 1:00pm Time: 9.25.25

Location Address: 1 Saint Johns Place Telephone #: 860-651-9339

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

Capacity: 214/104 # of Children Present: 116/52 43 # of Staff Present: 28+

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*** n/a

Purpose of visit: safe sleep partial

Observations/Corrections needed:

☆ NO violations

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: Elizabeth Grant
(Person in Charge)

Print Name: _____