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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath Date: 11/3/22 Time: 11:45

Location Address: 2 Saw Mill Rd Newtown Telephone #: 203 304 2277

e-mail address: jnice@educationalplaycare.com License #: 70427 Expiration Date: 8/31/24

Capacity: 285/112 # of Children Present: 150 # of Staff Present: 27+

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: Follow up Case 2022-852

Observations/Corrections needed:

(NS) 19a-79-4a(c)(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: _____ *(OEC Representative)*

Print Name: Lauren Thill

Signature: _____ *(Person in Charge)*

Print Name: Jennifer Nice