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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Newtown Date: 11/28/22 Time: 3:00

Location Address: 2 Saw mill Rd. Newtown Telephone #: 203-304-2277

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

Capacity: 285/112 # of Children Present: 138 # of Staff Present: 30(3)

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: follow up on ratio + safe sleep

Observations/Corrections needed:

19a-7a-10a(g)(3)	10:2	4:1
#130 - Observed 1 loose crib sheet	9:1	8:2
	12:2	8:2
	9:1	8:2
		4:1
		6:2
		4:1
		8:2
		4:1
		7:2
		6:2
		7:2
		7:2
		16:2

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: 12/12/22

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: Heather Dean
(Person in Charge)
Print Name: Heather Dean 11/28/22