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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Newtown Date: 12/5/22 Time: 1:00

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

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

Capacity: 25 5/1 1/2 # of Children Present: 135 # of Staff Present: 25(5)

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:

in compliance today	7:2
	6:2
	all asleep - 7:1
	8:2
	8:2
	4:1
	4:1
	all asleep 8:1
	all asleep 8:1
10:1	8:2
9:1	9:2
13:2	3:1
9:1	4:1
	10:1

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Heather Dean *(Person in Charge)*