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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Newtown Date: 12/13/22 Time: 10:00 am

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

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

Capacity: 285/112 # of Children Present: 143 # 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: Case 2022-1010

Observations/Corrections needed:

(S) 19a-79-3a(b)(8)(E) - Administration - Failure to report - Program failed to report an incident of possible neglect when 2 children were left unattended in a classroom for 1-2 minutes.

(S) 19a-79-4a(c)(4) - Staffing - ratios - per staff interviews there have been several occasions where staff have had a 1:11 and a 1:12 ratio in the preschool classrooms.

(S) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise 2 children when they were left unattended in a classroom for 1-2 minutes.

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: 12/27/22

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: Heather Dean *(Person in Charge)*

Print Name: Heather Dean