

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

SUPPLEMENTAL REPORT OF INSPECTION

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

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 / H12 # 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: Follow up for Case 2022-968

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through
conducted. 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: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Heather Dean