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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 1/5/23 Time: 945 AM

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: 154 # of Staff Present: 33

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 2022-1010

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4) - Staffing - ratios - Walk through conducted - No violations.

(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: _____ *(OEC Representative)*

Print Name: Lauren Hill

Signature: _____ *(Person in Charge)*

Print Name: Michele Sinatra