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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 3/1/23 Time: 930 AM

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

e-mail address: pdattilo@brightpathkids.com License #: 70427 Expiration Date: 8/31/26

Capacity: 285/112 # of Children Present: 105 # of Staff Present: 34

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: Self report Case 2023-165

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when the left a child unattended in a classroom for about 9 minutes.

(P) 19a-79-3a(d) - Administration - Program policies - pending.

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: 3/15/23

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: _____ *(Person in Charge)*

Print Name: Patricia Dattilo.