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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Newtown Date: 3/7/23 Time: 1:00

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

e-mail address: jrice@brightpathkids.com License #: ~~285/112~~ 70427 Expiration Date: 9/3/24

Capacity: 285/112 # of Children Present: 152 # of Staff Present: 23(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: ~~f&t~~ partial inspection on safe sleep

Observations/Corrections needed:

19a-79-4a (c)(4) - observed 4 under 3 classrooms with all children sleeping + 1 staff - only 5 extra people onsite to cover if a child wakes up.	4:1
	8:2
	all asleep - 8:1
	8:2
	all asleep - 8:1
	4:1
	8:2
	all asleep - 8:1
	all asleep - 7:1
	8:2
	all asleep - 8:1
	all asleep - 8:1
	10:1 10:1
19:2	10:1 16:2

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: 3/20/23

Signature: _____ (OEC Representative)

Print Name: Kristi Morgan

Signature: _____ (Person in Charge)

Print Name: Jennifer Rice