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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Newtown Date: 3/16/23 Time: 1:05

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

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

Capacity: 285/112 # of Children Present: 143 # of Staff Present: 28(1)

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: follow up on naptime ratio

Observations/Corrections needed:

in compliance today	14:2 8:2
	8:2
	4:1
	8:2
	8:2
	8:2
all asleep	7:1
	8:2
	8:2
	8:2
	8:2
	9:1
	10:1
	19:2
	17:2

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: N/A

Signature: _____
(OEC Representative)

Print Name: Kristi Magee

Signature: _____
(Person in Charge)

Print Name: Jennifer Rice