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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 3/15/23 Time: 1:00 pm

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

e-mail address: pdattilo@brightpathkids.com License #: 70427 Expiration Date: 8/31/24

Capacity: 285/112 # of Children Present: 159 # of Staff Present: 30

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 2023-165

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted - No violations at this time.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Lauren Hall _____ *(Person in Charge)* Patti Dattilo