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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 3/22/23 Time: 11:45 am

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

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

Capacity: 285/112 # of Children Present: 128 # of Staff Present: 28+

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 2023-224

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when he unknowingly went into a classroom alone and was discovered by his mom about 1 minute later.

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)*
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/5/23

Signature: _____ *(Person in Charge)*
Jennifer Rice