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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 4/4/23 Time: 10:45 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/H2 # of Children Present: 105 # of Staff Present: 31+

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 2023-226

Observations/Corrections needed:

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

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: N/A

Signature: _____ (Person in Charge) Jennifer Rice