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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 5/10/23 Time: 11:45 AM

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

e-mail address: pattidattilo@brightpathKids.com License #: 704271 Expiration Date: 8/31/24

Capacity: 285/412 # of Children Present: 160 # of Staff Present: 33+

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 2023-384

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when she unknowingly crawled under the door and was in an empty classroom unattended for 3 minutes.

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: 5/24/23

Signature: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: Patti Dattilo (Person in Charge)

Print Name: _____