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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 9/6/23 Time: 11:00

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 | 12 # of Children Present: 132 # of Staff Present: 25

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: Consent Order Mentor #1

Observations/Corrections needed:

(NS) Condition #8 - In compliance - In person observation logs observed. Discussed more camera video ~~video~~ observations.

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: Lauren Hull

Signature: _____ *(Person in Charge)*

Print Name: Patricia Battilo.