Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Newtown Date: 8/12/24 Time: 8:30 AM

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

e-mail address: Newtownct@brightpathkids.com License #: 7027 Expiration Date: 8/31/26

Capacity: 269 # of Children Present: 87 # of Staff Present: 23

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: 2024-449 (3 months F/U)

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Supervision - Operator is in compliance with the Supervision Policy.

(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratio Operator is in compliance with the ratio 1-4.

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: Carlos Albizu
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Julianna Fischer
(Person in Charge)