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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Newtown Date: 10.17.24 Time: 1

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

e-mail address: _____ License #: 70487 Expiration Date: 8-31-26

Capacity: 269 # of Children Present: 125 # of Staff Present: 20

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*** _____

Purpose of visit: follow up case #2024-1061

Observations/Corrections needed:

NS - 19a 79.4a (c)(4)(D) supervision observed proper supervision in all classrooms at time of 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: _____ *(OEC Representative)*

Print Name: Kerri Eddy

Signature: _____ *(Person in Charge)*

Print Name: Julianna Fischer