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: Brightpath Date: 12/13/24 Time: 1:00 PM

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

e-mail address: jfischer@brightpathkids.com License #: 70427 Expiration Date: 8/31/26

Capacity: 269/106 # of Children Present: 124/49 # 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: Self report Case 2024-1295

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)(D)- Staffing- Supervision - Staff failed to supervise a child when she left the child unattended in the classroom for 7 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.

Signature: _____ *(OEC Representative)*
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/27/24

Signature: _____ *(Person in Charge)*