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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Newtow Date: 1/30/25 Time: 12:34p

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

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

Capacity: 269 # of Children Present: 122 # of Staff Present: 21

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: 2025-81

Observations/Corrections needed:

(S) 19a-79-3a(b)(7)(A) - Child behavior Management when a staff used inappropriate techniques forcing children onto their chairs while trying to manage children's behavior.

(NS) 19a-79-4a(d)(4)(D) - Supervision - There is insufficient evidence to support that the staff is not in compliance supervising the children at all times indoors.

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: 2/13/25

Signature: _____ *(OEC Representative)*

Print Name: Luis Abreu

Signature: _____ *(Person in Charge)*

Print Name: Jennifer Rice