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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath - Newtown Date: 4/17/25 Time: 10:00

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

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

Capacity: 269/106 # of Children Present: 126/57 # of Staff Present: 24+

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: 2025-386- self-report

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) Supervision - insufficient evidence to support a regulatory violation.

(NS) 19a-79-4a(f)(2) First aid certified ~~program~~ person - observed current training certificate for staff who administered first aid.

(NS) 19a-79-5a(a)(3)(A) Injury report - observed injury report for incident.

(S) 19a-79-7a(h)(2) Shock absorbing material - Regulation not met when wood chips around tunnel that children climb on and use to jump off of was partially compacted and did not measure 8" in depth.

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: 5/1/2025

Signature: Karen Hicks *(OEC Representative)*

Print Name: Karen Hicks

Signature: _____ *(Person in Charge)*

Print Name: Julianna Fischer