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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath Date: 5/13/25 Time: 11:15 AM

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: 209/106 # of Children Present: 159/74 # of Staff Present: 30

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 2025-457

Observations/Corrections needed:

(S) 19a-79-3a(b)(7)(A) - Administration - Managing Child behavior - Staff failed to manage a child's behavior when she was seen forcing a child to sleep on his cot for about 20 minutes, while roughly patting his back and laying on him.

(S) 19a-79-3a(d) - Administration - Program policies - Staff failed to follow the programs Rest Time guidelines when they were seen forcing a child to rest on their cot for about 20 minutes, and roughly patting his back and laying on him.

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: 5/27/25

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hall

Signature: _____ *(Person in Charge)*

Print Name: _____