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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath - Ellington Date: 2-17-23 Time: 10:30

Location Address: 137 West Rd., Ellington Telephone #: 860-896-0554

e-mail address: ttomlinson@brightpathkids.com License #: 70400 Expiration Date: 3-31-24

Capacity: 233 # of Children Present: 135 # of Staff Present: 27

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: Case # 2023-116

Observations/Corrections needed:

S- 19a-79-4a(c)(4)(D)- supervision- a child was left unsupervised for 1 minute and 48 seconds.

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: _____ Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3-3-23

Signature: _____
(Person in Charge)

T. Tomlinson