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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Ellington Date: 3-6-23 Time: 1:15

Location Address: 137 West Rd., Ellington Telephone #: 860-896-5544

e-mail address: ttomlinson@brightpathkids.com License #: 70490 Expiration Date: 3-31-26

Capacity: 233 # of Children Present: 143 # 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: follow up to 2-17-23 visit

Observations/Corrections needed:

NS- 19a-79-4a (c)(4)(D)- observed proper supervision and ratios in all classrooms.

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: _____ Kerry Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: _____
(Person in Charge)
T. Tomlinson