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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Ellington Date: 6-5-23 Time: 10

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

e-mail address: ttomlinson@brightpathkids.com License #: 20400 Expiration Date: 3-31-26

Capacity: 233 # of Children Present: 149 # of Staff Present: 31

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: 3 month follow up for case 2023-116

Observations/Corrections needed:

NS: 19a-79-4a(c)(4)(D) - supervision - observed proper supervision and ratios in all classrooms, outside and during transition.

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: _____ *(OEC Representative)*

Kevin Eddy

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: _____ *(Person in Charge)*

Samantha Duquette