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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path- Ellington Date: 7/11/23 Time: 945

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

e-mail address: tracey@educationalplaycare.com License #: 70400 Expiration Date: 3/31/26

Capacity: 233/120 # of Children Present: 139 (55 V3) # 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*** n/a |

Purpose of visit: Self Report case 2023-592

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D)- staffing- supervision- staff failed to adequately supervise a child when child was left alone un supervised on the playground when the class transitioned inside. for approximately 4 minutes

**(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: 7/25/23

Signature: Erin Wraight

*(OEC Representative)*

Print Name: Erin Wraight

Signature: Tomlinson.

*(Person in Charge)*

Print Name: Tracey Tomlinson