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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath- Farmington Date: 7/13/23 Time: 9:30

Location Address: 360 Colt Hwy Telephone #: 860 678- 8659

e-mail address: knichols ~~Kristi~~@ brightpathkids.com License #: 15735 Expiration Date: 3/31/26

Capacity: 285/124 # of Children Present: 147 (90 / 43) # of Staff Present: 38

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: Ratio/Group Size Partial

Observations/Corrections needed:

Ratio and group size in compliance at this time.

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: N/A

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Kristie A Nichols
(Person in Charge)
Print Name: Kristie A. Nichols