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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Ellington Date: 7/18/23 Time: 9:30

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

e-mail address: tracey@educationalplay care.com License #: 704000 Expiration Date: 3/31/26

Capacity: 233/120 # of Children Present: 130 (51, 3) # of Staff Present: 30

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: Follow-up case 2023-592

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - staffing - supervision - supervision 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: T. Tomlinson
(Person in Charge)
Print Name: T. Tomlinson