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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Ellington Date: 11-8-24 Time: 12

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

e-mail address: sdaquette@brightpathkids.com License #: 70400 Expiration Date: 3-31-26

Capacity: 233 # of Children Present: 101 # of Staff Present: 23

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 #2024-547

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(A)(i) - supervision. observed proper supervision in all classrooms, outside and during transitions.

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: _____

Signature: _____
(OEC Representative)

Print Name: Kevin Eddy

Signature: _____
(Person in Charge)

Print Name: Samantha Daquette