

2022-613

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Paths Date: 1/19/23 Time: 1:15pm

Location Address: 389 Park RD West HF, CT Telephone #: 860 856 9936

e-mail address: M Ferris @ Education@brightpaths.org License #: 70335 Expiration Date: 11/30/24

Capacity: 111/76 # of Children Present: 86 # of Staff Present: 20

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 ²⁰²²-613 - Partice

Observations/Corrections needed:

PIC Director Kimberly ~~Hughes~~ Hughes (not present) Maddie Ferris - ^{ASST} Director

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Per asst. Director; program has been ensuring the supervision of the children at all times

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature:
(Person in Charge)
Maddie Ferris