

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Road Date: 1-9-23 Time: 7:30

Location Address: 389 Park Rd., West Hartford Telephone #: 860-856-9986

e-mail address: mferris@educationalplaycare.com License #: 70335 Expiration Date: 11-30-24

Capacity: 111 # of Children Present: 9 # of Staff Present: 6

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: 3 month partial case # 2022-733

Observations/Corrections needed:

NS- 19a-79-4a(c)(4)(D) - supervision - observed proper
supervision and ratios at time of visit

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: [Signature] Kenny Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)
Maddie Ferris