

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Road Date: 1-26-23 Time: 11

Location Address: 389 Park Rd., west Hartford Telephone #: 860-856-9936

e-mail address: khughes@brightpath^{kids}.com License #: 70335 Expiration Date: 11-30-24

Capacity: 111 # of Children Present: 90 # of Staff Present: 21

Consent to Inspect Family Child Care Home	<i>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 _____</i>
--	---

Purpose of visit: Case # 2023-51

Observations/Corrections needed:

P- 19a-79-3c (b)(8)(A) - manage child behavior pending investigation

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] Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)
Kim Hughes