

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Rd. Date: 6-9-23 Time: 1h

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

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

Capacity: 111 # of Children Present: 82 # of Staff Present: 18

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
--	---

Purpose of visit: follow up case # 2023-395

Observations/Corrections needed:

NS: 19a.79.4a(c)(4)(D) - observed proper supervision  
and ratios in all classrooms,  
outside and in transition

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: [Signature]  
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Mackenzie O'Connor