

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Rd. Date: 5-18-23 Time: 11

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

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

Capacity: 111 # of Children Present: 97 # of Staff Present: 22

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>
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Purpose of visit: Case # 2023-395

Observations/Corrections needed:

S. 19a-79-4a(c)(4)(D) - supervision - a child was left unsupervised for six minutes during transition from bathroom to classroom.

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: 6-1-23

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Maekenzie O'Connor