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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath - West Hartford Date: 6/22/23 Time: 9:15

Location Address: 5 Fennway, West Hartford Telephone #: (860) 519-0383

e-mail address: dmonfredo@brightpathkids.com License #: 70171 Expiration Date: 5/31/26

Capacity: 194/120 # of Children Present: 146 (92 U3) # of Staff Present: 40

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*** n/a

Purpose of visit: Safe sleep Partial

Observations/Corrections needed:

NO safe sleep violations at this time.

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: n/a

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Deanna Monfredo
(Person in Charge)
Print Name: Deanna Monfredo