

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

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: mocannon@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 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 _____

Purpose of visit: 1st consent order visit

Observations/Corrections needed:

NS #8 - observed documentation that the designated director/designee conducted in person observations of each room for 30 minutes per week and documentation of 30 minutes of video review for each room.

NS #9 - observed documentation that operator contracted with health consultant to conduct training for all staff on caring for children under age three. The training was conducted 2-6-23. All new staff receive training at new hire orientation.

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: Kern Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Maureen O'Connor