

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: 8-17-23 Time: 9:30

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

e-mail address: moconnere@brightpathkids.com License #: 70325 Expiration Date: 11-30-24

Capacity: 111 # of Children Present: 76 # of Staff Present: 20

**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: 2nd 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 - training was conducted 2-6-23. observed all new staff received 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: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Maconnell O'Connell