

2023-293

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Road Date: 9/11/23 Time: 9:00

Location Address: 389 Park Rd West HFc, CT Telephone #: 860-856-9936

e-mail address: moconnor@brightpathkids.com License #: 7033T Expiration Date: 11/30/24

Capacity: 111/76 # of Children Present: 64 # of Staff Present: 17

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: Partial - 3 month

Observations/Corrections needed:

PIC Mackenzie Okano - Director - Maddie Ferris - asst. Director.

(NS) 19a-79-4a (c) 4 (D) - Staffing - Supervised - Per Director program has been adhering to supervised policy.

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: Valery Williams
(OEC Representative)

Signature: [Signature]
(Person in Charge)