

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Windsor Date: 9/22/23 Time: 8:30 am

Location Address: 1045 Day Hill RD Windsor, CT 06098 Telephone #: 860-359-3735

e-mail address: K.murphy@brightpathkids.com License #: 90307 Expiration Date: 8/31/24

Capacity: 154/92 # of Children Present: 30 # of Staff Present: 9

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: 3-month Portico 2023-476

Observations/Corrections needed:

PIC Kayley Murphy - Acting Center Director

(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratios

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: V. Williams
(OEC Representative)
Valecia Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: K. Murphy
(Person in Charge)
Kayley Murphy