

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Rd. Date: 9-21-23 Time: 1
Location Address: 389 Park Rd, West Hartford Telephone #: 860-856-9936
e-mail address: mcconnore@brightpathkids.com License #: 79335 Expiration Date: 11-30-24
Capacity: 111 # of Children Present: 63 # of Staff Present: 17

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: 3 month followup case 2022-395

Observations/Corrections needed:
NS-19a, 79.4a(c)(4)(D) - supervision - observed
proper supervision and ratios at
time of visit.

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: Maureen O'Connor