

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Windsor 1045 Day Date: 9-20-23 Time: 11

Location Address: 1045 Day Hill Rd., Windsor Hill Telephone #: 860-359-3735

e-mail address: Kmurphy@brightpathkids.com License #: 70307 Expiration Date: 8-31-24

Capacity: 154 # of Children Present: 35 # of Staff Present: 10

**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 followup for case 2023-398 + 2023-441

Observations/Corrections needed:

NS-19a-79.4s (c)(4)(D). observed proper supervision and ratios at time of visit inside and outside.

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: Kayley Murphy