



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

<b>Program Name</b>	BRIGHTPATH - PARK ROAD				<b>License Number</b>	DCCC.70335	<b>Date of Inspection</b>	03/26/2024
					<b>Expiration Date</b>	11/30/2024	<b>Time of Inspection</b>	02:45 PM
<b>Address</b>	389 PARK RD WEST HARTFORD CT 06119-1966				<b>Telephone</b>	(860) 856-9936	<b>Total Capacity</b>	111
					<b>Days and Hours</b>	MON-FRI 7:00AM-6:00PM	<b>Under Three Capacity</b>	76
<b>#Children Present</b>	48	<b># Under 3 Present</b>	73	<b># Staff Present</b>	18	<b>Summer Care</b>	Open	
<b>Purpose of Investigation</b>	Case				<b>Name of Inspector</b>	Valecia Williams		
<b>Program's Email</b>	nwalsh@educationalplaycare.com				<b>Inspector's Email</b>	valecia.williams@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation</b>	[19a-79-7a(g)]	<b>Description:</b>	082-Equipment Clean/Good Repair/Safe/Non-toxic
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Failed to ensure that equipment is clean and safe for children when a sensory table in a classroom was found not to be properly cleaned by staff. Table had a foul odor.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings- Regulations In Compliance or Pending</b>	
<b>Statute and/or Regulation</b> [19a-79-3a(b)(7) &/or 19a-79-4a(3)]	<b>Description</b> 003-Annual Staff Training
<p>Compliant. Program provided annual training/ orientation to staff on program's policies and procedures.</p>	
<b>Statute and/or Regulation:</b> 19a-79-4a(c)(4)(D)	<b>Description:</b> 021b-Supervision
<p>Compliant. Per directors, staff have been appropriately supervising the children.</p>	

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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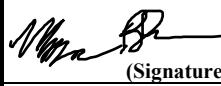
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions</b>
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<b>Comments</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Valecia Williams (Printed Name)	(Printed Name)	04/09/2024	Mackenzie O'conner (Printed Name)