

2024-1020

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Path West Hartford Date: 11/1/24 Time: 12:15pm

Location Address: S Fenway West Hartford CT Telephone #: 860-519-0383

e-mail address: Dmonfredobrightpathct.com License #: 70571 Expiration Date: 5/31/26

Capacity: 191/20 # of Children Present: 130 # of Staff Present: 30

**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: follow-up 2024-1020

Observations/Corrections needed:

PIC - Deana Manfred - Director

(NS) 19a-79-1a(c)(1)(D) Staffing - Supervisor - Per Director, program has been adhering to supervision policy by ensuring supervisor of children at all times

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature]  
(Person in Charge) Deana Manfred