

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Park Road Date: 1/2/25 Time: 9:00

Location Address: 389 Park Rd. West Hartford Telephone #: 860 856-9936

e-mail address: nwals@educationalplaycare.com License #: 70335 Expiration Date: 11/30/28

Capacity: 111/76 # of Children Present: 70/48 # of Staff Present: 16

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Investigation 2024-1336

Observations/Corrections needed:

(P) 19a-79-3a(a) Ensure health + safety of children -
pending completion of interviews

(S) 19a-79-10(c)(3) Group size for 6wks-24mo - this
regulation was not met when center infant room had
ten infants. Staff moved infants to other rooms
to come into compliance.

(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: 1/16/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Mackenzie Blake
(Person in Charge)

Print Name: Mackenzie Blake