

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Manchester Date: 12-20-22 Time: 11

Location Address: 452 Tolland Tpke., Manchester Telephone #: 860-288-4207

e-mail address: mdrasdis@educators1playcare.com License #: 70467 Expiration Date: 12-31-26

Capacity: 231 # of Children Present: 88 # of Staff Present: 21

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 follow up for case 2022-687

Observations/Corrections needed:
NS - 19a.79.4a (c)(4)(^{KE}~~A~~) - observed proper ratios
in all classrooms and outside
observed 5 extra staff on site to
assist as needed.

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] Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)
Katrina Meli