

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright path - Manchester Date: 11-29-22 Time: 12

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

e-mail address: manchester@educationalplaycare.com License #: 70463 Expiration Date: 12-31-26

Capacity: 231 # of Children Present: 106 # of Staff Present: 23

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Case # 2022-970

Observations/Corrections needed:

P - 19a.79-3c(a) - ensure the safety, health, and development of the child

P - 19c.79-3c(b)(2) - meeting the needs of the child

All regulations pending investigations

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: Melissa Drasdis