

2023-97

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Manchester Date: 2/1/23 Time: 2pm

Location Address: 452 Tolland TPKE Manchester, CT 06042 Telephone #: 860-288-4202

e-mail address: ManchesterCT@brightPathKids.com License #: 70463 Expiration Date: 12/31/26

Capacity: 231/116 # of Children Present: 101 # of Staff Present: 17

Consent to Inspect Family Child Care Home 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 _____

Purpose of visit: Compliance/Investigation 2023-97 (Self Report)

Observations/Corrections needed:

PIC Katrina Meli - Asst Director - Melissa Drasdis - Director - EGIN Cubrow - Area Director.

(NS) 19a-79-3a(6)(7) - Administration - annual training/orientation -
(S) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff did not assure
the supervision of the children at all times while child is at program when
staff left a child, unsupervised, alone, in a classroom when the fire alarm ^{went}
off. Staff did not adhere to the program's supervision and name to face policy.

(NS) 19a-79-4(a)(4) - Staffing - Disciplinary action

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Valecia Williams

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/15/23

Signature: Katrina Meli
(Person in Charge)

Katrina Meli
Valecia.Williams@yahoo.com