

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath- Manchester Date: 7/24/23 Time: 9:30

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

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

Capacity: 231/116 # of Children Present: 99 (51) # of Staff Present: 29

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 <u>N/A</u>
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Purpose of visit: complaint investigation case 2023-621

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the safety, health and development of children - Program failed to ensure the health and safety of a child when a child vomited on himself and was left in wet, soiled clothing for 12 minutes until child was picked up by guardian.

⑤ 19a-79-4a(c)(4)(D) - staffing - supervision - staff failed to supervise a child when a child ran out of the classroom and into a hallway and staff were unaware until child was brought back into the classroom.

⑤ **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: 8/7/23

Signature: Erin Waight
(OEC Representative)
Print Name: Erin Waight

Signature: Melissa Drasdis
(Person in Charge)
Print Name: Melissa Drasdis