

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Manchester Date: 8-28-23 Time: 8:40 am

Location Address: 452 Tollard 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: 72/46 # of Staff Present: 19

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 <u>NA</u></i>
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Purpose of visit: Complaint Follow-up Case 2023-621

Observations/Corrections needed:

19a-79-3a(a) Administration - In compliance

19a-79-4a(c)(4)(D) - Staffing - Supervision - In 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.

Signature: D. Wassenhove
(OEC Representative)
Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: Melissa Drasdis
(Person in Charge)
Melissa Drasdis