



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

<b>Program Name</b>	BRIGHTPATH - MANCHESTER				<b>License Number</b>	DCCC.70463	<b>Date of Inspection</b>	03/14/2024
					<b>Expiration Date</b>	12/31/2026	<b>Time of Inspection</b>	02:30 PM
<b>Address</b>	452 TOLLAND TPKE MANCHESTER CT 06042-1765				<b>Telephone</b>	(860) 288-4207	<b>Total Capacity</b>	211
					<b>Days and Hours</b>	M-F 7-6	<b>Under Three Capacity</b>	96
<b>#Children Present</b>	93	<b># Under 3 Present</b>	46	<b># Staff Present</b>	18	<b>Summer Care</b>	Open	
<b>Purpose of Investigation</b>	Follow-up				<b>Name of Inspector</b>	Valecia Williams		
<b>Program's Email</b>	vthivierge@brightpathkids.com				<b>Inspector's Email</b>	valecia.williams@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings- Regulations In Compliance or Pending</b>	
Statute and/or Regulation	Description
19a-79-4a(c)(4)(D)	021b-Supervision  Program was in compliance with supervision policy.
Statute and/or Regulation:	Description:

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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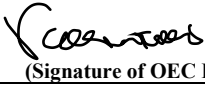
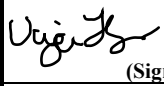
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions</b>
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<b>Comments</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Valecia Williams (Printed Name)	(Printed Name)		Virginia Thivierge (Printed Name)