

2024-314

Connecticut Office of Early Childhood
Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Manchester Date: 11/24/2 Time: 1:30pm

Location Address: 452 Tolland Tpke Manchester CT 06092 Telephone #: 860-288-4207

e-mail address: Kmelia@brightpathkids.com License #: 7043 Expiration Date: 12/31/26

Capacity: 211/96 # of Children Present: 77 # of Staff Present: 15

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial 3 month (case 2024-314)

Observations/Corrections needed:

PIC Elizabeth Fusco - Assistant Director

(NS) 19a-79-4a(d)(4)(D) - Staffing and Consultant - Supervision - Program
has been adhering to the Supervision policy per asst Director

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: Valeca Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Elizabeth Fusco
(Person in Charge)