

2024-1252

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path- Manchester Date: 12/16/24 Time: 1:30pm

Location Address: 452 Tolland Pike Manchester Telephone #: 860-288-4287

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

Capacity: 211/96 # of Children Present: 75 # 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: follow-up- self Report 2024-1252

Observations/Corrections needed:

PRC - Katrina Meli - Director

(NS) 19a-79-4a(d)(4)(D) Staffing and Consultants - Supervision - Program
has been adhering to their supervision policy.

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: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Katrina Meli
(Person in Charge)