

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Manchester Date: 4/30/25 Time: 10:11 AM
Location Address: 452 Tolland Turnpike Manchester Telephone #: 860-288-4207
e-mail address: Kmeli@brightpathkids.com License #: 70463 Expiration Date: 12/31/26
Capacity: 215/100 # of Children Present: 98 # of Staff Present: 20

Consent to Inspect Family Child Care Home	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 _____
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Purpose of visit: 2nd Follow up

Observations/Corrections needed:

19a-79-10(c)(2) Under three endorsement - Ratios
(NS) Regulation in compliance at time of visit.

19a-79-4a(d)(4)(A) Staffing - Ratios
(NS) Regulation in compliance at time of visit.

19a-79-4a(d)(4)(D) Staffing - Supervision
(NS) Regulation in compliance at time of visit.

Discussion
- Submit Witness Statement - previously discussed

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: MA

Signature: Evelyn Vicente Quinones
(OEC Representative)
Print Name: Evelyn Vicente Quinones
Signature: Katrina Meli
(Person in Charge)
Print Name: Katrina Meli