

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Path Manchester Date: 7/16/25 Time: 11:22 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: 84 # of Staff Present: 18

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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</i>
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Purpose of visit: Partial to Ratios & Supervision

Observations/Corrections needed:

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

19a-79-4a(d)(4)(A) <sup>sup</sup> Staffing - Ratios  
NS Regulation in compliance at time of OEC visit today.

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

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: n/a

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