

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Madison Date: 10/25/22 Time: 2:10

Location Address: 563 Durham Rd, Madison Telephone #: (800) 580-7925

e-mail address: nwalsh@educationalplaycare.com License #: 70280 Expiration Date: 12/31/23

Capacity: 90/48 # of Children Present: 64 # of Staff Present: 14

**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 NIA

Purpose of visit: Follow-up to 9/16/22

Observations/Corrections needed:

- 16 staff physicals: Observed staff without TB test on file.
- 18b. Background checks: OK ✓
- 34. Immunized release: OK ✓
- 37 child physical: observed child physical ~~not current~~ ^{EW} on incomplete form
- 70. hazardous substances: OK ✓
- 83. cots: OK ✓
- 99. Diaper creams: OK ✓
- 101. medication training: OK ✓
- 102. medication authorization: OK ✓
- 110 Ratio: observed ratio of 1:7 with 2 children awake in Flamingo 1.
Observed ² children under age 3 in ratio of 17:2 without permission sign-off.
- 111 Group size: observed ² children under 3 in group of 17 without permission sign-off.
- 113. handwash sinks: OK ✓

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: 11/8/2022

Signature: Eirne Wright

Print Name: Eirne Wright
(OEC Representative)

Signature: Kelsey Welch

Print Name: Kelsey Welch
(Person in Charge)