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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Glastonbury Date: 3/13/23 Time: 2:20

Location Address: 1193 Hebron Ave, Glastonbury Telephone #: (860) 430-4964

e-mail address: nwalsh@educationalplaycare.com License #: 70342 Expiration Date: 12/31/24

Capacity: 260/144 # of Children Present: 201 (114 / 63) # of Staff Present: 44

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*** N/A

Purpose of visit: Safe sleep partial

Observations/Corrections needed:

No violations observed at this time.

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: Erin Murphy
(OEC Representative)

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

Signature: Katie Pinkham
(Person in Charge)