

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath-Madison Date: 3/22/23 Time: 3:35pm

Location Address: 503 Dunham Rd Madison WI 53703 Telephone #: 860-580-7925

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

Capacity: 90 # of Children Present: 66 # of Staff Present: 12
✓ 3-48

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 NA

Purpose of visit: follow up to partial inspection dated 3/8/23

Observations/Corrections needed:

#111 Group size under 3 in compliance at this visit

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: Felise Montanye
(OEC Representative)

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

Signature: Felise Montanye
(Person in Charge)

Print: Felise Welch