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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath- West Hartford Date: 4/4/23 Time: 1:30

Location Address: 5 Fenway, West Hftd Telephone #: (860)519-0383

e-mail address: avalon@educationalplaycare.com License #: 70171 Expiration Date: 5/31/26

Capacity: 194/120 # of Children Present: 166 (64 UB) # of Staff Present: 35

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 Follow-up to 3/9/23

Observations/Corrections needed:

NO safe sleep violations 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 Wright
(OEC Representative)

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

Signature: Deara M
(Person in Charge)