

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path - Farmington Date: 4/13/23 Time: 2:15

Location Address: 360 Colt Hwy Telephone #: (860) 678-8659

e-mail address: nwalsh@educationalplaycare.com License #: 15735 Expiration Date: 3/31/26

Capacity: 285/124 # of Children Present: 156 (94) # 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 NR

Purpose of visit: Follow-up to 3/22/23

Observations/Corrections needed:

6. Policies: OK ✓

16. staff physicals: 1 on incomplete child physical form, 1 without physical signed

18b. background checks: OK ✓

38. care plans: OK ✓

45. licensed premise: OK ✓

99. Diaper creams: OK ✓

110. Ratio: OK ✓

111. Group size: OK ✓

129. Safe sleep: OK at this visit ✓

113. handwash sink: OK ✓

19a-79-3a(a): 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.

Signature: Erin Waight
(OEC Representative) Erin Waight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/27/2023

Signature: Kristin A. Nicol
(Person in Charge)