

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brightpath-Madison Date: 8/22/23 Time: 7:57am FM

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

e-mail address: nwalsh@brightpathkids.com License #: 70280 Expiration Date: 8/16/23

Capacity: 90 # of Children Present: 22 # of Staff Present: 5+

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 <u>NA</u>
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Purpose of visit: Follow up to 8/16/23 inspection

Observations/Corrections needed:

#110 ratios: in compliance at this visit

#111: Group size: 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: [Signature]
Print: Fil Montanye (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: [Signature]
Print: Kelsey Welch (Person in Charge)