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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath - Redding Building B Date: 4/25/23 Time: 1:20

Location Address: 20 Portland Ave. Redding Telephone #: 203-664-8171

e-mail address: Kgregory@brightpathkids.com License #: 705664 Expiration Date: 9/30/24

Capacity: 90/80 # of Children Present: 43 # of Staff Present: 9(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*** _____

Purpose of visit: follow up on safe sleep

Observations/Corrections needed:

incompliance today

all asleep - 7:1

6:2

all asleep - 8:1

all asleep - 8:1

7:2

7:2

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Keshia Gregory