☐ Initial ☑ Unannounced ~~Full~~/(Partial) ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Path Redding Building B Date: 6/28/23 Time: 9:20

Location Address: 20 Portland Ave. Redding Telephone #: 203-664-8781

e-mail address: kgregory@brightpathkids.com License #: 705564 Expiration Date: 9/30/24

Capacity: 96/80 # of Children Present: 35 # of Staff Present: ~~10~~ 9 (2)

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: partial inspection on safe sleep.

Observations/Corrections needed:

In compliance

4:1

3:1

8:2

8:2

8:2

4:1

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