Connecticut Office of Early Childhood

DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	**SURREYBROOK PRESCHOOL & CHILD DEV CENTER**				**License Number**	**DCCC.16559**	**Date of Inspection**	**06/11/2024**
					Expiration Date	**11/30/2024**	**Time of Inspection**	**08:17 AM**
Address	**234 AMITY ROAD** **BETHANY CT 06524**				**Telephone**	**(203) 393-2445**	**Total Capacity**	**92**
					Days and Hours	**7:00AM TO 6:00PM 7 DAYS A WEEK**	**Under Three Capacity**	**48**
#Children Present	**39**	**# Under 3 Present**	**25**	**# Staff Present** **14**			**Summer Care**	**Open**
Purpose of Inspection	**Partial inspection on safe sleep**				**Name of Inspector**	**Kristi Morgan**		
Program's Email	**Cheryl@surreybrook.com**				**Inspector's Email**	**kristi.morgan@ct.gov**		

Regulatory Violations

Statute and/or Regulation:	**Description:**
[-]	**000 No Violations**

No violations were cited during this inspection

Statute and/or Regulation:	**Description:**

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Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Other Findings – Regulations In Compliance

Statute and/or Regulation: **[19a-79-10(g)(1)]**	**Description:** **127-Under 12 Months Placed on Back for Sleeping**

Statute and/or Regulation: **[19a-79-10(g)(1) and/or 19a-79-10(g)(4)]**	**Description:** **128-Alternate Sleep Position/Equipment Medical Documentation**

Statute and/or Regulation:	**[19a-79-10(g)(1) and/or 19a-79-10(d)(2)(A)]**	**Description:**	**129-Crib/Bed Used for Infant Sleeping**

Statute and/or Regulation:	**[19a-79-10(g)(3) and/or 19a-79-7a(g)(1)]**	**Description:**	**130-Crib/Bed Free from Observable Hazards**

Statute and/or Regulation:	**Description:**

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Person in Charge)
Kristi Morgan (Printed Name)	(Printed Name)		Amanda Medling (Printed Name)