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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BrightPath Date: 11/5/24 Time: 9:15

Location Address: 20 Portland Ave Redding Telephone #: 203 664-8181

e-mail address: wfaticone@brightpathkids.com License #: 70564 Expiration Date: 9/30/24

Capacity: 96 # of Children Present: 34 # of Staff Present: 9

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

Observations/Corrections needed:

6- diaper policy in compliance.
12- menus posted in compliance. (this week / next week)
(38) not in compliance - child with chronic disease without careplan -
(47) Lead test not current (send copy with CAP.)
99- non topical forms in compliance.
110 - Ratios in compliance at visit
111- Group Size in compliance.
131- In compliance - toys washed weekly
136- feeding schedules observed - in compliance.
16- Staff physical

Additional violations at visit:

19a-79-3a(a) Program failed to ensure safety and health of a child when child with chronic disease did not have Medication forms and/or emergency medication on site. EpiPen missing prescription label and Benadryl not on site but form observed.

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

Discussed: swaddles only with doctor's note Complaint procedure update

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/19/24

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: Wendy Faticoni
(Person in Charge)
Print Name: Wendy Faticoni