

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Beginnings Early Childhood Prog Date: 7.24.20 Time: 1030  
Location Address: 517 Westport Ave Norwalk Telephone #: 203-939-1700  
e-mail address: bbnorwalk@bbecp.com License #: 70493 Expiration Date: 6-30-23  
Capacity: 76/56 # of Children Present: 9/9 # of Staff Present: 4

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Cond 19 Partial Inspection

Observations/Corrections needed:

19a-79-10(g)(1) - observed 3 infants sleeping in  
equipment other than crib. 2 in bouncers and 1  
in a swing in room 102

Enhanced Covid requirements in compliance.

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: 8/7/20

Signature: [Signature]  
(OEC Representative)  
Print Name: Leni Mangano  
Signature: [Signature]  
(Person in Charge)  
Print Name: Maria Gratos