

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Minds Learning Center Date: 7/13/22 Time: 10:45

Location Address: 637 Newfield Ave Stamford Telephone #: 203 609-4229

e-mail address: brightminds/c2021@gmail.com License #: 70629 Expiration Date: 10/31/25

Capacity: 24/19 # of Children Present: 15 # of Staff Present: 6 +2

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Investigation 2022-457

Observations/Corrections needed:

③ 19a-79-4a(b) Staffing, background checks and criminal convictions - Operator failed to have comprehensive background checks submitted for staff members working at the child center. Program not current in BCIS system.

Note** Operator notified that any criminal convictions (known) should be reported to OEC.

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: 7/27/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Nana Velazquez
(Person in Charge)

Print Name: _____