

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Minds Learning Center Date: 7/29/22 Time: 2:30

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

e-mail address: Brightmindslc2021@gmail.com License #: 70629 Expiration Date: 10/31/25

Capacity: 24/19 # of Children Present: 17 # of Staff Present: 5

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: Follow-up to investigation visit on 7/13/22

Observations/Corrections needed:

(S) 19a-79-3a(a) Administration, ensure health and safety- program failed to ensure health + safety of children when staff began/^{continued} working with children prior to verifying the completion of comprehensive background checks.

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: August 10, 2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)

Print Name: Nana Velazquez