

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Giggles Learning Center Date: 9/8/22 Time: 2:45

Location Address: 142 Thompson St. Bridgeport Telephone #: 203 685-7974

e-mail address: bglcenter 2018@gmail.com License #: 70498 Expiration Date: 7/31/23

Capacity: 81/44 # of Children Present: 34/21 # 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 _____
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Purpose of visit: Follow-up for visit on 9/2/22

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(B) Staffing, mixed age group ratios -

(NS) 19a-79-4a(c)(6) Staffing, nap ratios -

Operator was in compliance with these regulations at this follow-up visit.

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: N/A

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Maria Wodchase
(Person in Charge)

Print Name: Maria Wodchase