

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early Children's Learning Center Date: 1/5/23 Time: 7:54am

Location Address: 139 Mill Rock Rd E. Old Saybrook Telephone #: 860-388-3000

e-mail address: apn@brightandearly.com License #: 70361 Expiration Date: 7/31/25

Capacity: 147 # of Children Present: 58 # of Staff Present: 14

**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 N/A

Purpose of visit: follow up to 12/14/22 inspection

Observations/Corrections needed:

#110 - ratios are in compliance at this 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: Fil Montanye
(OEC Representative)

Signature: [Signature]
(Person in Charge)

Print Kara Smith