☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early Southbury Date: 4/21/23 Time: 2:15

Location Address: 1496 Southford Rd. Southbury Telephone #: 203-264-3735

e-mail address: Christinc@brightandearly.com License #: 70682 Expiration Date: 12/31/24

Capacity: 82/36 # of Children Present: 54 # of Staff Present: 12(2)

| | |
|---|---|
| ***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***_____ |

Purpose of visit: follow up on Safe Sleep

Observations/Corrections needed:

in Compliance

4:1

3:2

3:1

4:2

16:2

4:1

15:3

**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: _____
*(OEC Representative)*
Print Name: Kristi Morgan

Signature: _____
*(Person in Charge)*
Print Name: E.H. Schwalbe