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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early New Milford Date: 4/12/23 Time: 2:30

Location Address: 204 Danbury Rd. N. Milford Telephone #: 860-350-2445

e-mail address: nicole@brightandearly.com License #: 70604 Expiration Date: 3/31/25

Capacity: 12+1/6+4 # of Children Present: 5L # of Staff Present: 13(1)

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 Group Size

Observations/Corrections needed:

in compliance today.	3:1
	3:1
	4:1
	2:1
	6:2
	10:1
	6:2
	9:1
	10:1
	4:1
	3:1

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: Kelsey Krumeich