

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early Children's Learning Date: 5-12-23 Time: 12:30

Location Address: 2626 Albany Ave, West Hartford CT Telephone #: 860-236-2626

e-mail address: Karen@brightandearly.com License #: 70447 Expiration Date: 9-30-25

Capacity: 108 # of Children Present: 88 # of Staff Present: 20

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: follow up case # 2023-302

Observations/Corrections needed:
NS - 19a-79-4a(c)(4)(v) - supervision - observed
proper supervision inside and
outside during 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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Karen Yaker