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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early Date: 6/22/23 Time: 8:00

Location Address: 1436 Southford Rd Southbury Telephone #: 203-264-3735

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

Capacity: 82/36 # of Children Present: 12 # of Staff Present: 6(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: partial inspection on Safe Sleep

Observations/Corrections needed:

In Compliance today. 2:1

2:1

2:1

6:3

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: Kristin Morgan

Signature: Abigail Celte *(Person in Charge)*

Print Name: Abigail Celeste