

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Giggles Learning Center Date: 6/22/23 Time: _____
Location Address: 142 Thompson St, Bridgport Telephone #: 203-212-3960
e-mail address: Bglcenter2018@gmail.com License #: 70498 Expiration Date: 7/31/27
Capacity: 81 # of Children Present: 41 # of Staff Present: 11

Consent to Inspect	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all</i>
Family Child Care Home	<i>child care records as required by Family Child Care Home Regulations.</i>
	Provider/Applicant/Substitute's Signature: <u>N/A</u>

Purpose of visit: 2023-517

Observations/Corrections needed: (S) 199-79-3a (7)(H) Administration - withdrawal and expulsion of children when Operator failed to implement behavioral plan prior to terminating child's enrollment.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/6/23

Signature: [Signature]
(Person in Charge)