

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright + Early Date: 6/24/23 Time: 8:15

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

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

Capacity: 124/104 # of Children Present: 21 # of Staff Present: 8(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: partial inspection on group size

Observations/Corrections needed:

in compliance 7:3

5:2

3:1

6:2

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: [Signature]
(OEC Representative)
Print Name: Kristi Mager
Signature: [Signature]
(Person in Charge)
Print Name: Kelsey Krumeich