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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright and Early Date: 8/8/23 Time: 11:45 am

Location Address: 274 Branford Rd North Branford Telephone #: 203483 9000

e-mail address: Maria@brightandearly.com License #: 70072 Expiration Date: 8/31/24

Capacity: 121/Sle # of Children Present: 77 # of Staff Present: 17+

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*** N/A

Purpose of visit: Follow up Case 2023-635

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted. No violations.

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: Lauren Hall

Signature: Tiffney DAmato (Person in Charge)

Print Name: Tiffney DAmato