



## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                                   |                                         |           |                                    |           |                           |                           |                                  |                                      |                                |                     |                     |
|---------------------------------------------------|-----------------------------------------|-----------|------------------------------------|-----------|---------------------------|---------------------------|----------------------------------|--------------------------------------|--------------------------------|---------------------|---------------------|
| <b>Program Name</b>                               | <b>BRIGHT &amp; EARLY SOUTHBURY</b>     |           |                                    |           |                           | <b>License Number</b>     | <b>DCCC.70682</b>                |                                      | <b>Date of Inspection</b>      | <b>04/11/2024</b>   |                     |
|                                                   |                                         |           |                                    |           |                           | <b>Expiration Date</b>    | <b>12/31/2026</b>                |                                      | <b>Time of Inspection</b>      | <b>11:15 AM</b>     |                     |
| <b>Address</b>                                    | <b>1486 SOUTHFORD RD</b>                |           |                                    |           |                           | <b>Telephone</b>          | <b>(203) 264-3735</b>            |                                      | <b>Licensed Capacity</b>       | <b>82</b>           |                     |
|                                                   | <b>SOUTHBURY CT 06488-2479</b>          |           |                                    |           |                           | <b>Hours of Operation</b> | <b>M-F 6:30am - 6:00pm</b>       |                                      | <b>Infant/Toddler Capacity</b> | <b>36</b>           |                     |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>                             |           | <b>No?</b>                         |           | <b>X</b>                  |                           |                                  |                                      | <b>Summer Care</b>             | <b>Open</b>         |                     |
| <b>New Address</b>                                |                                         |           |                                    |           |                           | <b>Minimum Age Served</b> | <b>6 weeks</b>                   | <b>Maximum Age Served</b>            | <b>12 years</b>                | <b>Water Supply</b> | <b>Private Well</b> |
|                                                   |                                         |           |                                    |           |                           | <b>Program's Email</b>    | <b>Amanda@brightandearly.com</b> |                                      |                                |                     |                     |
| <b>Operator</b>                                   | <b>BRIGHT &amp; EARLY SOUTHBURY LLC</b> |           |                                    |           |                           | <b>Name of Inspector</b>  | <b>Jaime Fortin</b>              |                                      |                                |                     |                     |
| <b>Director</b>                                   | <b>AMBER SEMBER</b>                     |           |                                    |           |                           | <b>Inspector's Email</b>  | <b>jaime.fortin@ct.gov</b>       |                                      |                                |                     |                     |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants – Toddlers Present</b>  | <b>29</b> | <b># of Total Children Present</b> | <b>65</b> | <b># of Staff Present</b> | <b>13</b>                 | <b>Type of Inspection</b>        | <b>UNANNOUNCED INSPECTION - FULL</b> |                                |                     |                     |

#### LICENSURE PROCEDURES 19a-79-2a

|          |                                    |  |
|----------|------------------------------------|--|
| <b>X</b> | 1. Local Health Inspection         |  |
|          | Date: 11/02/2022                   |  |
| <b>X</b> | 1a. False or Misleading Statements |  |

#### ADMINISTRATION 19a-79-3a

|          |                                                          |  |
|----------|----------------------------------------------------------|--|
| <b>X</b> | 1b. Administration                                       |  |
| <b>X</b> | 1bb. Capacity                                            |  |
| <b>X</b> | 2. New Staff – Employee Orientation                      |  |
| <b>X</b> | 3. Annual Staff Policy Training                          |  |
| <b>X</b> | 3b. Managing child behavior                              |  |
| <b>X</b> | 4. Documentation of Behavior M. Tech Discussed w/parents |  |
| <b>X</b> | 4b. Failure to report                                    |  |

|                                  |                                                 |                                                                                                 |  |
|----------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>X</b>                         | 5. Notification of Change                       |                                                                                                 |  |
| <b>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |  |
| <b>X</b>                         | 7. Daily Attendance Records- staff and children |                                                                                                 |  |
| <b>ITEMS POSTED – ACCESSIBLE</b> |                                                 |                                                                                                 |  |
| <b>X</b>                         | 8. License                                      |                                                                                                 |  |
| <b>X</b>                         | 9. Fire Marshal certificate                     |                                                                                                 |  |
|                                  | Date                                            | 12/11/2023                                                                                      |  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |                                                                                                 |  |
| <b>X</b>                         | 11. Food Service Certificate                    | <u>N/A?</u>                                                                                     |  |
|                                  | Date                                            |                                                                                                 |  |
| <b>X</b>                         | 12. Menus                                       |                                                                                                 |  |
| <b>X</b>                         | 13. Emergency plans                             |                                                                                                 |  |
| <b>X</b>                         | 14. No Smoking Signs                            |                                                                                                 |  |
| <b>X</b>                         | 15. Radon Test                                  | <u>N/A?</u>                                                                                     |  |
|                                  | Date                                            | Results                                                                                         |  |
|                                  | 11/14/2022                                      | .5                                                                                              |  |
| <b>X</b>                         | 15a. Developmental Milestones                   |                                                                                                 |  |
| <b>X</b>                         | 15b. Access                                     |                                                                                                 |  |
| <b>X</b>                         | 15bb. Endorsements                              |                                                                                                 |  |
| <b>STAFFING 19a-79-4a</b>        |                                                 |                                                                                                 |  |
| <b>X</b>                         | 15c. Staffing                                   |                                                                                                 |  |
| <b>○</b>                         | 16. Staff Health records – TB tests             | Failed to maintain current medical statement(s) for 1 out of 4 staff                            |  |
| <b>X</b>                         | 17. Professional development                    |                                                                                                 |  |
| <b>X</b>                         | 18. Disciplinary actions                        |                                                                                                 |  |
| <b>X</b>                         | 18b. Background checks                          |                                                                                                 |  |

|                                 |                                           |                   |        |                |        |                         |
|---------------------------------|-------------------------------------------|-------------------|--------|----------------|--------|-------------------------|
| <b>X</b>                        | 19. Designated Head Teacher               |                   |        |                |        |                         |
| <b>X</b>                        | 20. Two Staff present                     |                   |        |                |        |                         |
| <b>X</b>                        | 20a. Staff Qualities                      |                   |        |                |        |                         |
| <b>X</b>                        | 21. Ratio: 1 staff to 10 children         |                   |        |                |        |                         |
| <b>X</b>                        | 21b. Supervision                          |                   |        |                |        |                         |
| <b>X</b>                        | 22. Group Size – maximum 20 children      |                   |        |                |        |                         |
| <b>X</b>                        | 23. Designated director - Training        |                   |        |                |        |                         |
| <b>X</b>                        | 24. CPR Certified Staff (Group Home N/A)  |                   |        |                |        |                         |
| <b>X</b>                        | 25. First Aid Trained Staff               |                   |        |                |        |                         |
| <b>X</b>                        | 26. Consultants- Agreements and Contracts |                   |        |                |        |                         |
| <b>X</b>                        | 27. Logs – Visits documented              |                   |        |                |        |                         |
|                                 | Not in Compliance?                        | Education         | Health | Social Service | Dental | Dietician N/A? <b>X</b> |
|                                 | Contracts                                 |                   |        |                |        |                         |
|                                 | Logs                                      |                   |        |                |        |                         |
|                                 | Do they take children swimming?           | <b>N SWIMMING</b> |        |                |        |                         |
| <b>X</b>                        | 28. Non-swimmers identified               |                   |        |                |        |                         |
| <b>X</b>                        | 29. Staff/Child Ratios                    |                   |        |                |        |                         |
| <b>X</b>                        | 30. CPR certified staff (20 years of age) |                   |        |                |        |                         |
| <b>X</b>                        | 31. Lifeguard certified - supervision     |                   |        |                |        |                         |
| <b>RECORD KEEPING 19a-79-5a</b> |                                           |                   |        |                |        |                         |
| <b>X</b>                        | 32. Enrollment information                |                   |        |                |        |                         |
| <b>X</b>                        | 33. Emergency medical permission          |                   |        |                |        |                         |
| <b>X</b>                        | 34. Authorized release permission         |                   |        |                |        |                         |
| <b>X</b>                        | 35. Field trip permission                 |                   |        |                |        |                         |
| <b>X</b>                        | 36. Transportation permission             |                   |        |                |        |                         |

|                                    |                                                                      |                                                                                                                                                                                 |  |
|------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>X</b>                           | 37. Child health records and immunizations                           |                                                                                                                                                                                 |  |
| <b>X</b>                           | 38. Individual care plan (signed by parents and staff)               |                                                                                                                                                                                 |  |
| <b>X</b>                           | 39. Injury, Illness, Accident reports                                |                                                                                                                                                                                 |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |                                                                      |                                                                                                                                                                                 |  |
| <b>X</b>                           | 40. Nutritious snacks and meals (required food groups)               |                                                                                                                                                                                 |  |
| <b>X</b>                           | 41. Proper refrigeration (max 45°)                                   |                                                                                                                                                                                 |  |
| <b>X</b>                           | 42. Kitchen separated                                                | N/A?                                                                                                                                                                            |  |
| <b>X</b>                           | 43. Hand washing – before eating or food handling                    |                                                                                                                                                                                 |  |
| <b>X</b>                           | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       |                                                                                                                                                                                 |  |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |                                                                      |                                                                                                                                                                                 |  |
| <b>O</b>                           | 45. License premises – clean, good repair, hazard free               | failed to maintain the building and equipment that is sanitary and free of health and safety hazards observed. porch - lattice not in good repair; prek bathroom vent not clean |  |
| <b>X</b>                           | 47b. Plans for new construction, expansion, renovation or conversion |                                                                                                                                                                                 |  |
| <b>X</b>                           | 48. Sanitary drinking fountains – disposable cups                    |                                                                                                                                                                                 |  |
| <b>X</b>                           | 49. Lead Water Test (N/A?)                                           | Bacterial/Chemical Test (N/A?)                                                                                                                                                  |  |
|                                    | 11/14/2022                                                           | 04/27/2022                                                                                                                                                                      |  |
| <b>X</b>                           | 50. Walkways maintained                                              |                                                                                                                                                                                 |  |
| <b>X</b>                           | 51. Designated staff toilet/sink                                     |                                                                                                                                                                                 |  |
| <b>X</b>                           | 52. All openings for ventilation screened                            |                                                                                                                                                                                 |  |
| <b>X</b>                           | 53. Windows protected to prevent falls                               |                                                                                                                                                                                 |  |
| <b>X</b>                           | 54. Glass protected up to 36"                                        |                                                                                                                                                                                 |  |
| <b>X</b>                           | 55. Overhead doors – locking devices, spring protectors              |                                                                                                                                                                                 |  |
| <b>X</b>                           | 56. Exits, Hallways and Stairs unobstructed                          |                                                                                                                                                                                 |  |

|          |                                                           |  |
|----------|-----------------------------------------------------------|--|
| <b>X</b> | 57. Individual storage of clothing and bedding            |  |
| <b>X</b> | 58. Smoking prohibited                                    |  |
| <b>X</b> | 59. Matches and lighters inaccessible                     |  |
| <b>X</b> | 60. Electrical safety – outlets/cords                     |  |
| <b>X</b> | 61. Toileting needs met                                   |  |
| <b>X</b> | 62. Required toilets, sinks, supplies                     |  |
| <b>X</b> | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| <b>X</b> | 64. Hand washing after toileting – staff and children     |  |
| <b>X</b> | 65. Ventilation in toilet rooms                           |  |
| <b>X</b> | 66. Air temperature 65 degrees, thermometer affixed       |  |
| <b>X</b> | 67. Water temperature 60° – 115°                          |  |
| <b>X</b> | 68. Portable space heaters                                |  |
| <b>X</b> | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
| <b>X</b> | 70. Rugs secure                                           |  |
| <b>X</b> | 71. Hot water, steam pipes protected                      |  |
| <b>X</b> | 72. Working phone on each level                           |  |
| <b>X</b> | 73. Emergency numbers posted                              |  |
| <b>X</b> | 74. Adequate lighting - 50/30 candle feet                 |  |
| <b>X</b> | 75. Light fixtures shielded, shatter proof                |  |
| <b>X</b> | 76. Potentially hazardous substances locked               |  |
| <b>X</b> | 77. Garbage, rubbish disposed daily                       |  |

|                                                |                                                               |                                                                                                                                                                                                           |  |
|------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br><b>N</b>                                                                                                                                                                                           |  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br><b>Y</b>                                                                                                                                                                                          |  |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 83. Cots stored, maintained, adequate number                  |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br><b>N</b>                                                                                                                                                                                           |  |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |                                                                                                                                                                                                           |  |
| <b>OUTDOOR SPACE</b>                           |                                                               |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 87. Outdoor space - adequate square footage per child         |                                                                                                                                                                                                           |  |
| <b>O</b>                                       | 88. Impact absorbing material under equipment                 | Failed to ensure a minimum of 8 inches of impact absorbing materials under slides and climbing equipment                                                                                                  |  |
| <b>X</b>                                       | 89. Playground free from hazards                              |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 92. Equipment anchored, safely arranged                       |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 93. Outdoor play area protected, fenced                       |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 94. Drinking water available, accessible                      |                                                                                                                                                                                                           |  |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |                                                               |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |  |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |                                                               |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 97. Written policies, procedures                              |                                                                                                                                                                                                           |  |
| <b>X</b>                                       | 98. Training outline on file                                  |                                                                                                                                                                                                           |  |

|                                            |  |  |
|--------------------------------------------|--|--|
| <b>NONPRESCRIPTION TOPICAL MEDICATIONS</b> |  |  |
|--------------------------------------------|--|--|

|          |                                            |                                                 |
|----------|--------------------------------------------|-------------------------------------------------|
| <b>O</b> | 99. Administration, parent permission, MAR | 2 out of 6 non topical ointments expired        |
| <b>X</b> | 100. Labeling, storage                     | Failed to maintain proper storage of medication |

|                                          |  |  |
|------------------------------------------|--|--|
| <b>ORAL/TOPICAL/INHALENT MEDICATIONS</b> |  |  |
|------------------------------------------|--|--|

|          |                                                    |  |
|----------|----------------------------------------------------|--|
| <b>X</b> | 101. Med trained staff, certificates               |  |
|          | O/T/I    Injectable                                |  |
|          | Y            Y                                     |  |
| <b>X</b> | 102. Authorized prescriber, parent permission, MAR |  |
| <b>X</b> | 103. Labeling, storage                             |  |
| <b>X</b> | 104. Unused, expired meds returned/disposed        |  |

|                            |  |  |
|----------------------------|--|--|
| <b>SELF-ADMINISTRATION</b> |  |  |
|----------------------------|--|--|

|          |                                                             |  |
|----------|-------------------------------------------------------------|--|
| <b>X</b> | 105. Authorized prescriber, parent permission, MAR          |  |
| <b>X</b> | 106. Labeling, storage                                      |  |
| <b>X</b> | 107. Approved petition for special medication authorization |  |

|  |                                   |                                             |
|--|-----------------------------------|---------------------------------------------|
|  | Is there an approved endorsement? | <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b> |
|--|-----------------------------------|---------------------------------------------|

|          |                                                              |  |
|----------|--------------------------------------------------------------|--|
| <b>X</b> | 109. Approved endorsement                                    |  |
| <b>X</b> | 110. Ratio: 1 staff to 4 children                            |  |
| <b>X</b> | 111. Group size: no larger than 8                            |  |
| <b>X</b> | 112. Physical barriers, groups of 8 (indoors and outdoors)   |  |
| <b>X</b> | 113. Adequate sinks in program space                         |  |
| <b>X</b> | 114. Free standing, well-constructed, safe cribs             |  |
| <b>X</b> | 115. Washable cots                                           |  |
| <b>X</b> | 116. Chairs for feeding, stable, safety straps, locking tray |  |
| <b>X</b> | 117. Developmentally appropriate tables, chairs, equipment   |  |
| <b>X</b> | 118. Refrigerators and food prop facilities                  |  |

|          |                                                                |     |          |  |
|----------|----------------------------------------------------------------|-----|----------|--|
| <b>X</b> | 119. Diaper area-sturdy, safety rail, nonporous, exclusive use |     |          |  |
| <b>X</b> | 120. Diaper area-washed, disinfected                           |     |          |  |
| <b>X</b> | 121. Diaper area-disposable paper sheets                       |     |          |  |
| <b>X</b> | 122. Covered waste receptacle                                  |     |          |  |
| <b>X</b> | 123. Diaper changing policy posted, followed                   |     |          |  |
| <b>X</b> | 124. Hand washing policy posted, followed                      |     |          |  |
| <b>X</b> | 125. Individual storage of personal items                      |     |          |  |
| <b>X</b> | 126. Cribs/cots washed and disinfected                         |     |          |  |
| <b>X</b> | 127. Under 12 months- placed on back for sleeping              |     |          |  |
| <b>X</b> | 128. Alternate sleep position-equipment, medical documentation | Yes | No       |  |
|          |                                                                |     | <b>X</b> |  |
| <b>X</b> | 129. Crib, bed used for infant sleeping                        |     |          |  |
| <b>X</b> | 130. Crib, bed free from observable hazards                    |     |          |  |
| <b>X</b> | 131. Infant toys separate, washed, disinfected daily           |     |          |  |
| <b>X</b> | 132. No toys, objects less than 1/1/4" diameter                |     |          |  |
| <b>X</b> | 133. Plastic bags, balloons, Styrofoam objects inaccessible    |     |          |  |
| <b>X</b> | 134. Health consultant, doc. of visits                         |     |          |  |
| <b>X</b> | 135. Infants held for bottles, indiv. attention, tummy time    |     |          |  |
| <b>X</b> | 136. Written statement, feeding schedule from parent           |     |          |  |
| <b>X</b> | 137. Unused portions of liquids discarded                      |     |          |  |
| <b>X</b> | 138. Clean Bottles, disp. bottles, approved bottle washing     |     |          |  |
| <b>X</b> | 139. Food served from dish or whole jar served                 |     |          |  |
| <b>X</b> | 140. Bottles individually identified with child's name         |     |          |  |



|                                         |
|-----------------------------------------|
| <b>OUTDOOR PLAY SPACE - UNDER THREE</b> |
|-----------------------------------------|

|            |                                                          |                                                    |
|------------|----------------------------------------------------------|----------------------------------------------------|
| <b>X</b>   | 141. Play space fenced                                   |                                                    |
| <b>X</b>   | 142. Outdoor equipment developmentally appropriate       |                                                    |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |                                                    |
| <b>X</b>   | 144. Activity choices appropriate                        |                                                    |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |                                                    |
| <b>X</b>   | 146. Group size – maximum 20 children                    |                                                    |
| <b>X</b>   | 147. Education Consultant appropriate                    |                                                    |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 148. Approved endorsement                                |                                                    |
|            | 149. Written program plan, supervision                   |                                                    |
|            | 150. Staff awake and available                           |                                                    |
|            | 151. Cot, crib, bedding, toiletries, sleep apparel       |                                                    |
|            | 152. Individual storage of personal items                |                                                    |
|            | 153. Bedding, sleeping apparel laundered weekly          |                                                    |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |                                                    |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |                                                    |
| <b>X</b>   | 156. Training current and documented                     |                                                    |
| <b>X</b>   | 157. Supervision of self-administration                  |                                                    |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |                                                    |

|          |                                                        |  |
|----------|--------------------------------------------------------|--|
| <b>X</b> | 159. Signed agreement with parents regarding equipment |  |
| <b>X</b> | 160. Materials discarded appropriately                 |  |
| <b>X</b> | 161. Authorized prescriber, parent permission          |  |
| <b>X</b> | 162. Documentation of test results, actions taken      |  |
| <b>X</b> | 163. Daily written parent notification                 |  |

### ADDITIONAL VIOLATIONS

|  |                                                       |          |  |
|--|-------------------------------------------------------|----------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |                                                       | <b>X</b> |  |

**YES or NO?**  
**Yes**

**WERE VIOLATIONS CITED DURING THIS VISIT?**

### **DISCUSSIONS:**

**New Director hired 12/23; Discussed 3 college class within first year. Discussed Outdoor supervision policy (woodchip) and ensuring staff are aware of policy.**

### **COMMENTS:**

**NOTE:** Items left blank on this form were not monitored during this visit.

Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.

**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|                                                                                                                         |  |                                |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature of OEC Representative) |  | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Jaime Fortin</b><br>(Printed Name)                                                                                   |  |                                | <b>04/25/2024</b>                                                                                                        |