Connecticut Office of Early Childhood

DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	**BRIGHT & EARLY SOUTHBURY**				**License Number**	**DCCC.70682**	**Date of Inspection**	**08/01/2024**
					Expiration Date	**12/31/2026**	**Time of Inspection**	**08:33 AM**
Address	**1486 SOUTHFORD RD** **SOUTHBURY CT 06488-2479**				**Telephone**	**(203) 264-3735**	**Total Capacity**	**82**
					Days and Hours	**M-F 6:30am - 6:00pm**	**Under Three Capacity**	**36**
#Children Present	**23**	**# Under 3 Present**	**17**	**# Staff Present** **9**			**Summer Care**	**Open**
Purpose of Inspection	**Visual inspection after lead remediation was completed on the second floor.**				**Name of Inspector**	**Kristi Morgan**		
Program's Email	**Amanda@brightandearly.com**				**Inspector's Email**	**kristi.morgan@ct.gov**		

Regulatory Violations

Statute and/or Regulation:	**Description:**

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Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Other Findings – Regulations In Compliance

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

Visually inspected unopened windows on second floor that were remediated for lead based paint. All windows on the second floor were identified as areas to be monitored on the lead management plan. All paint appears to be intact at this time. Updated management plan and local health approval to reopen to be sent in prior to approval and reopening.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

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

 **(Signature of OEC Representative)**	**(Signature of OEC Representative)**	**DATE CORRECTIONS DUE BY:**	 **(Signature of Person in Charge)**
Kristi Morgan **(Printed Name)**	**(Printed Name)**		**Kaitlynn amadio** **(Printed Name)**