

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Natalie White Date: 8/2/24 Time: 8:56
Location Address: 41 Gordon Lane, E Hartford Telephone #: 860-249-4262
e-mail address: brighterhome daycare @connect.com License #: 57000 Expiration Date: _____
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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 <u>N White</u></i>
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Purpose of visit: Follow up to 7/16/24 Full inspection.

Observations/Corrections needed:
Confirm safe sleep compliance,
Observed compliance,

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: Linda Mayton
Linda Mayton
(OEC Representative)
Print Name: Natalie White
Signature: N White
(Person in Charge)
Print Name: _____