

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright : Early Date: 10/21/24 Time: 11:45

Location Address: 441 Boston St. Guilford Telephone #: 203 453 0261

e-mail address: cepril@brightandearly.com License #: 70711 Expiration Date: 6/30/27

Capacity: 139/179 # of Children Present: 68/44 # of Staff Present: 18

**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 to case 2024-535

Observations/Corrections needed:

(NS) 19a-4a(d)(4)(D) Staffing - Supervision
Program reports no supervision breaches
since my last visit. all staff were
last trained on the supervision policy
on September 3, 2024.

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: ala

Signature: Carolynne Deloreto
(OEC Representative)

Print Name: Carolynne Deloreto

Signature: Kara Eelahn
(Person in Charge)

Print Name: Kara Eelahn