

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright and Early Date: 2/21/25 Time: 11:00 AM

Location Address: 1486 Southford Rd. Southbury Telephone #: 203 264 3735

e-mail address: Amanda@brightandearly.com License #: 70682 Expiration Date: 12/31/26

Capacity: 82/38 # of Children Present: 40/16 # of Staff Present: 10

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: Self report case 2025-121

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when she used a bleach + water solution to clean a child's face and hands.

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: 3/7/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Amanda Sember