☐ 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 #: 706082 Expiration Date: 12/31/26

Capacity: 82/38 # of Children Present: 40/11 # 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 2025-143

Observations/Corrections needed:

(S) 19a-79-3a(a)-Administration- Ensuring the health, safety and development of children- Staff failed to ensure the health + safety of a child when she lifted a child by the arm to redirect her and the child received nursemaids elbow.

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: _____ *(OEC Representative)*

Print Name: Lauren Hyll

Signature: _____ *(Person in Charge)*

Print Name: Amanda Sember.