

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Minds Learning Center Date: 2/21/25 Time: 9:30

Location Address: 637 Newfield Ave Stamford Telephone #: 203 609-4229

e-mail address: brightmindsle2021@gmail.com License #: 70629 Expiration Date: 10/31/25

Capacity: 24/24 # of Children Present: 15/11 # of Staff Present: 5

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 _____
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Purpose of visit: Investigation 2025-146

Observations/Corrections needed:

(NS) 19a-79-4a(d)(1) Designated head teacher, 60% - insufficient evidence to support a regulatory violation.

(S) 19a-79-3a(d)(1) Daily attendance records - regulation not met when hours written on sign in sheet did not accurately reflect time staff was physically present at facility. Two people were signed in who were not physically present upon arrival.

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: 3/6/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Nana Velazquez
(Person in Charge)
Print Name: Nana Velazquez