

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginnings Early Childhood Program - Stamford Date: 8/20/25 Time: 9:30am

Location Address: 430 High Ridge Rd Telephone #: (203) 595-5500

e-mail address: stamford@brecp.com License #: 70026 Expiration Date: 9.30.27

Capacity: 79 # of Children Present: 43 # of Staff Present: 12

**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: Self Reported Incident - Case 2025-915

Observations/Corrections needed:

S = 19a-79-3a(d)(5)(c) Indoor/outdoor Supervision policy not implemented when child was left behind on the playground alone while his class went inside to use the bathroom.

S = 19a-79-4a(d)(4)(D) Child was left unsupervised on the playground when his class went inside to use the bathroom. Staff was not aware he was missing.

Program has video cameras outside but program reports it does not record.

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: 9.3.25

Signature: 

Print Name: Terri K Roberts
(OEC Representative)

Signature: 

Print Name: Jennifer Beltran
(Person in Charge)