



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	BRIGHT YEARS NEW MILFORD				License Number	DCCC.70604		Date of Inspection	01/09/2026	
					Expiration Date	3/31/2029		Time of Inspection	09:46 AM	
Address	204 DANBURY RD NEW MILFORD CT 06776-4311				Telephone	(860) 350-2445		Licensed Capacity	124	
					Hours of Operation	6:30 AM - 6:00 PM		Under Three Capacity	64	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 12 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	nicoleworley@brightyears.com				
Operator	BRIGHT & EARLY NEW MILFORD LLC				Director	NICOLE WORLEY				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Lauren Hull				
Numbers of Staff/Children Present	# Children Present under age 3	43	# Total Children Present	88	# of Staff Present	17	Purpose of Visit	Partial for case 985		

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

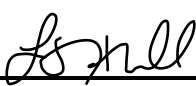
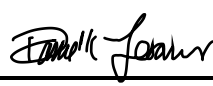
Statute and/or Regulation and Description:

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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] Not Substantiated 028- Supervision
The regulation regarding supervision was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lauren Hull	Danielle Lessner	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: lauren.hull@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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