



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 FOLLOW UP – PARTIAL INSPECTION

Program Name	BRIGHT YEARS OLD SAYBROOK					License Number	DCCC.70361		Date of Inspection	05/20/2026	
						Expiration Date	7/31/2029		Time of Inspection	08:52 AM	
Address	139 MILL ROCK RD E OLD SAYBROOK CT 06475					Telephone	(860) 388-3000		Licensed Capacity	147	
						Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	96	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks – years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	lindseyscosta@brightyears.com				
Operator	BRIGHT & EARLY OLD SAYBROOK, LLC					Director	ASHLEY MARRARA,LINDSEY SCOSTA				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	65	# Total Children Present	91	# of Staff Present	18	Purpose of Visit	Partial inspection on ratio			

REGULATIONS NOT IN COMPLIANCE

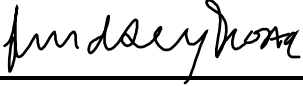
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)] 027- Ratios
The regulation regarding ratios 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.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Lindsey Scosta	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> 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
OEC Representative's Email: kristi.morgan@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	