



DIVISION OF LICENSING

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

CHILD CARE CENTER/GROUP CHILD CARE HOME FOLLOW UP – PARTIAL INSPECTION

Program Name	BRIGHT YEARS MIDDLEBURY					License Number	DCCC.70674		Date of Inspection	06/23/2026	
						Expiration Date	11/30/2026		Time of Inspection	01:43 PM	
Address	489 MIDDLEBURY RD MIDDLEBURY CT 06762-2548					Telephone	(203) 528-3400		Licensed Capacity	158	
						Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	88	
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	Baileycruz@brightyears.com				
Operator	BRIGHT & EARLY MIDDLEBURY LLC					Director	BAILEY CRUZ				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	62	# Total Children Present	120	# of Staff Present	19	Purpose of Visit	follow up on safe sleep from full inspection			

REGULATIONS NOT IN COMPLIANCE

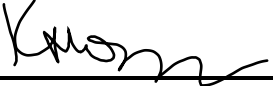
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

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-79-10(g)(1-8)] 130- Safe Sleep
The regulation regarding safe sleep was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:			
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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		bailey cruz
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. THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.
Printed Name			
		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	