STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964312	R **07/18/2017**
NAME OF PROVIDER OR SUPPLIER **BRIGHT HORIZONS OF CORAL SPRINGS, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8664 NW 1ST STREET** **CORAL SPRINGS, FL 33071**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 07/18/17 for Bright Horizons of Coral Springs, Inc, License #8900. All of the outstanding deficiencies were found corrected at the time of the desk review.