STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964312	**04/09/2019**
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

AMENDED REPORT

An unannounced Abbreviated Relicensure Survey was conducted on 04/09/2019 at Bright Horizons of Coral Springs, Inc., License #8900. The facility had no deficiencies identified at the time of the survey.