

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginnings Childcare Date: 8/18/12 Time: 12:30

Location Address: 714 New London Tpke Norwich Telephone #: 860-886-8064

e-mail address: brightbeginningschildcare@rocketmail.com License #: 12048 Expiration Date: 8/31/12

Capacity: 40/27 # of Children Present: 22 # of Staff Present: 9

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: follow up to visit 6/22/12

Observations/Corrections needed:

No violations at time of visit.

Discussed.

Under 3 capacity reduced by 7. Room  
changed to over 3 per change form.

Send change forms again to increase  
under 3 capacity. (under 3 capacity 17)

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
Print Name: Amanda Kapiotis  
Signature: [Signature]  
Print Name: Flu S. Prusse  
(Person in Charge)  
OEC Rep.