

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Beginnings of Norwich   Date: 8/11/22   Time: 1:30

Location Address: 714 New London Trk Norwich   Telephone #: 860 886 2004

e-mail address: brightbeginningschildcare@rocketmail.com   License #: 12048   Expiration Date: 8/31/24

Capacity: 40   # of Children Present: 20   # of Staff Present: 7

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: follow up to 7/28/22 visit

Observations/Corrections needed:

(N) #129 There were no sleep violations at today's visit

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: ma

Signature: [Signature]  
(OEC Representative)

Print Name: Candace Deloreto

Signature: [Signature]  
(Person in Charge)

Print Name: Sarah Holmes