☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Colpitts Date: 8/10/22 Time: 2:38pm

Location Address: 158 Bluebird Dr, Naugatuck Telephone #: 203-725-5860

e-mail address: kimcolpitts@outlook.com License #: 56385 Expiration Date: 11/30/25

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

Consent to Inspect Family Child Care Home	*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.* ***Provider/Applicant/Substitute's Signature*** Kim Colpitts

Purpose of visit: Follow up to check Capacity

Observations/Corrections needed:

Only 3 children in care today.

One child no longer attends the daycare.

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: Jannie Thornton
(OEC Representative)

Print Name: Jannie Thornton

Signature: Kim Colpitts
(Person in Charge)

Print Name: Kim Colpitts