

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Colpitts Date: 3/14/23 Time: 12:55
Location Address: 158 Bluebird Dr. Telephone #: 203-725-5860
e-mail address: Kimcolpitts@outlook.com License #: 54385 Expiration Date: 11/30/25
Capacity: 6+3 # of Children Present: 5 # of Staff Present: 2

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: Kim Colpitts

Purpose of visit: Follow up to check Capacity

Observations/Corrections needed:
Five Children in care today.
Provider was in her licensed capacity today.

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

