

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Pam-Windsor Date: 8/8/23 Time: 9<sup>05</sup>

Location Address: 555 Day Hill Rd, Windsor Telephone #: (800) 580-5280

e-mail address: cmozzicato@brightpamkids.com License #: 16517 Expiration Date: 1/31/26

Capacity: 184/104 # of Children Present: 63 <sup>com</sup> <sub>(30/43)</sub> # of Staff Present: 16

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

Purpose of visit: Follow-up case 2023-660

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) - Under Three endorsement - Ratio - In compliance

(NS) 19a-79-10(c)(3) - Under Three endorsement - Group size - In compliance

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: N/A

Signature: Erin Wraight  
(OEC Representative)  
Print Name: Erin Wraight  
Signature: Christina Mozzicato  
(Person in Charge)  
Print Name: Christina Mozzicato