

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Great Beginnings - East St. Date: 10-30-24 Time: 9:30am

Location Address: 195 East St. Telephone #: 860-747-1679

e-mail address: gbeginnings@msh.com License #: 14165 Expiration Date: 1/31/25

Capacity: 106 # of Children Present: 65 # of Staff Present: 10

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: follow up to 8/30/24 inspection

Observations/Corrections needed:

#1 local health inspection: OK✓ 9/6/24

#15b PreK permission: VOK

#16 Staff physicals: OK✓

#18b Background checks: OK✓

#24 CPR certified: VOK

#25 First aid certified: VOK

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

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

Signature: Betty Mayer  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Kay C. Shach  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Great Beginnings - Street East License # 14165 Date: 10.30.24

Observations/Corrections needed:

#38 care plans: VOK

#82 Equipment safe: VOK

#89 Playground free of hazards: VOK

#93 outdoor play area fenced: VOK

#102 Medication authorization: VOK

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

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

Signature: Betty Mayer  
*(OEC Representative)*  
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: n/a

Signature: Korn C. Shackford  
*(Person in Charge)*  
Print Name: Korn C. Shackford