

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 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: K Colorful Daycare Date: 12/2/24 Time: 11:30

Location Address: 625 North Ave Bridgeport Telephone #: 347 257-2417

e-mail address: kcolorfullearningcenter@gmail.com License #: 70795 Expiration Date: 11/30/28

Capacity: 25 # of Children Present: 7 # of Staff Present: 4

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation 2024-1248

Observations/Corrections needed:

(NS) 19a-79-3a(c) Notification of changes /30 days notice -
insufficient evidence to support a regulatory violation

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: Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: Katherine Lanthier
(Person in Charge)
Katherine Lanthier Duncan