

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Development Center Date: 7/21/21 Time: 1:44am

Location Address: 1009 Main St Branford 06405 Telephone #: 203-488-2007

e-mail address: Stephanie@firstcongregationalbranford.org License #: 12641 Expiration Date: 5/31/25

Capacity: 87 # of Children Present: 37 # of Staff Present: 13+

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 <u>NA</u>
--	---

Purpose of visit: Follow up to 6/19/21 inspection

Observations/Corrections needed:

• all items cited on 6/19/21 in compliance at this time

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: NA

Signature: [Signature]
(OEC Representative)

Print Name: F. Montanye

Signature: [Signature]
(Person in Charge)

Print Name: Stephanie Linke