

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bambini Daycare and Learning Center Date: 8/13/21 Time: 12:41 pm

Location Address: 516 Route 80 Guilford 06437 Telephone #: 203-457-9818

e-mail address: bambini.care@yahoo.com License #: 16537 Expiration Date: 7/31/22

Capacity: 45 # of Children Present: 23 # of Staff Present: 6

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>
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Purpose of visit: follow up to 7/27/21

Observations/Corrections needed:

all items cited on 7/27/21 are 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]
(QEC Representative)

Print Name: Fi Montano

Signature: [Signature]
(Person in Charge)

Print Name: Jessica Lantry