

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Development + Learning Center Date: 8/3/21 Time: 12:10pm

Location Address: 308 Peck Ln Telephone #: 203-799-6300

e-mail address: hollyhillchildcare2010@gmail.com License #: 16790 Expiration Date: 4/30/22

Capacity: 112 # of Children Present: 39 # of Staff Present: 8+

**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 NA

Purpose of visit: follow up to 5/21/21 inspection

Observations/Corrections needed:

#9 current fire Marshal certificate not observed

#135 observed 2 infants propped on boppies with bottles

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: 8/17/21

Signature: [Signature]
(OEC Representative)

Print Name: Fil Montanye

Signature: [Signature]
(Person in Charge)

Print Name: Deborah Fedorko