

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right Place Date: 9/11/21 Time: 11:15

Location Address: 15 Foster St. Danbury Telephone #: _____

e-mail address: _____ License #: 15173 Expiration Date: 3/31/25

Capacity: 34 # of Children Present: 22 # of Staff Present: 4(2)

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up on ratio

Observations/Corrections needed:

in compliance 11:2

11:2

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: Kristin Mogan
(OEC Representative)

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

Signature: Sergio Oleick
(Person in Charge)