

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Center of New Milford Date: 9/20/21 Time: 2:00

Location Address: 11A Aspetuck Ave. New Milford Telephone #: 860-354-1883

e-mail address: office@childrenscenternm.org License #: 13459 Expiration Date: 6/30/22

Capacity: 77/16 # of Children Present: 26 # of Staff Present: 6(2)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up on safe sleep

Observations/Corrections needed:

no violation 5:2
8:1
4:2
9:1

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Susan H. Johnston