☐ Initial ☑ Unannounced ~~Full~~/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right Place Date: 11/9/24 Time: 9:00

Location Address: 15 Foster St. Danbury Telephone #: 203-794-1472

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

Capacity: 34 # of Children Present: 11 # of Staff Present: 3

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*** _____

Purpose of visit: Partial inspection on ratio

Observations/Corrections needed:

no violation 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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Josephine Santos