

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: 11/19/21 Time: 2:15

Location Address: 11A Aspetuck Ave. n. milford Telephone #: 860-354-1483

e-mail address: _____ License #: 13459 Expiration Date: 6/30/22

Capacity: 77/100 # of Children Present: 34 # of Staff Present: 8(3)

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: Partial inspection on safe sleep

Observations/Corrections needed:

no violations at this time 8:2

_____ 8:2

_____ 7:2

_____ 7:1

_____ 4:1

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: NA

Signature: [Signature]
(OEC Representative)

Print Name: Ken Mager

Signature: [Signature]
(Person in Charge)

Print Name: Susan Johnston