

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Daycare and Learning Center Date: 1.11.22 Time: 9:30am

Location Address: 369 Washington Blvd Stamford Telephone #: 203.504.8523

e-mail address: info@gracedaycares.com License #: 70396 Expiration Date: 3.31.22

Capacity: 96/56 # of Children Present: 33 # of Staff Present: 12

**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: Follow up to 11.23.21 inspection

Observations/Corrections needed:

19a-79-4a(c)(4)(D) - supervision - OK at inspection

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: Lori Mangano

Signature: _____

(Person in Charge)
Print Name: Caroline Treponck