

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ABC Learn with me Date: 1-6-22 Time: 10  
Location Address: 172 Cedar St., Branford Telephone #: 203-488 1506  
e-mail address: rh4961@hotmail.com License #: 70048 Expiration Date: 3-31-24  
Capacity: 110 # of Children Present: 44 # of Staff Present: 14

<b>Consent to Inspect Family Child Care Home</b>	<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 _____
--	--

Purpose of visit: case # 2021-856

Observations/Corrections needed:

NS 19a.79-6a(b) - observed center following procedures in case of illness

NS 19c.79-7a(e)(5) - did not observe unclean floors in center

NS 19a.79-3c(a) - director is reporting all covid cases to local health and following all guidance

S 19c.79-10(g)(3) - observed 3 infants sleeping in cribs with blankets and or stuffed toy

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: — 1-20-22

Signature: [Signature]  
(OEC Representative)  
Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)  
Print Name: Robin Golia