

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ARC Learn with me Date: 1-27-22 Time: 10:15

Location Address: 172 Cedar St., Sanford Telephone #: 203-488-1506

e-mail address: rh4961@hotmail.com License #: 70048 Expiration Date: 3-31-24

Capacity: 110 # of Children Present: 57 # 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 _____
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Purpose of visit: follow up to 1-6-22 visit

Observations/Corrections needed:

NS 19a-79-19(g)(3) - observed safe sleep practices
being followed in both infant
rooms

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: _____

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

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