

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shiny Little Stars Date: 2-15-22 Time: 10:45
Location Address: 2510 Bedford St., Stamford Telephone #: 203-564 9039
e-mail address: info@shinylittlestars.com License #: 16674 Expiration Date: 9-30-25
Capacity: 42 # of Children Present: 22 # of Staff Present: 7

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: Case # 2022-69

Observations/Corrections needed:

5-19a.79-5a(a)(3)(B)(ii) - a child was injured at the center on 11-22-21 and was admitted to the hospital. OEC was notified on 2-9-22.

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: 3-1-22

Signature: _____
(OEC Representative)
Print Name: Kevin Ed

Signature: _____
(Person in Charge)
Print Name: Lumi Infan.