☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Cottage II Date: 2.24.22 Time: 857am

Location Address: 1114 Hope St Stamford Telephone #: 2034619566

e-mail address: babycottage1986@gmail.com License #: 14299 Expiration Date: 10.31.25

Capacity: 40/32 # of Children Present: 30 # of Staff Present: 10

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 2.14.22 inspection on ratio #110

Observations/Corrections needed:

#110 - TK 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: Cary Hall