

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace DayCare and Learning Center Date: 3-2-22 Time: 2:30 PM

Location Address: 2 Saint Roch Ave Greenwich Telephone #: 203-517-9547

e-mail address: Carolina^(C) grace daycare . com License #: 70592 Expiration Date: 12-31-24

Capacity: 67 # of Children Present: 24 # 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: Follow up on these violations that were cited on 2-24-22

Observations/Corrections needed:

#111 - ✓

#112 - ✓

✓ = in compliance at this time

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: NA

Signature: Cathy Amos
(OEC Representative)

Print Name: Cathy Anderson

Signature: lucy...
(Person in Charge)

Print Name: Maria Camila Gutierrez