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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Christ Church Nursery School Date: 3/15/22 Time: 12 noon

Location Address: 59 Church Road Easton, CT. 06612 Telephone #: (203) 268-0792

e-mail address: ccns059@gmail.com License #: 13714 Expiration Date: 3.31.25

Capacity: 32 # of Children Present: 22 # of Staff Present: 13

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: Unannounced Partial

Observations/Corrections needed:

#27 - Social Service and Educational Consultant Contracts ~~are not wrre~~ (CR) Do not have consultants signature

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: 3.29.22

Signature: T. K Roberts *(OEC Representative)*

Print Name: Terri K Roberts

Signature: M. Supple *(Person in Charge)*

Print Name: M. Supple