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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Christian Life Academy Date: ~~2/15/22~~ 3/15/22 (KM) Time: ~~1:30~~ 12:00 (KM)

Location Address: 133 Junction Rd. Brookfield Telephone #: 203-775-5191

e-mail address: CUSkudarli@brookfieldcc.org License #: 16446 Expiration Date: 1/31/25

Capacity: 93/20 # of Children Present: 21 # of Staff Present: 4

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: 3 month partial

Observations/Corrections needed:

19a-79-16a (a)(2)

#40 - lunch menu does not reflect 5 food groups.

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 (KM)

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Roxanne Lundberg