

Initial  Unannounced Full Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Grace Daycare and Learning Center Date: 3/24/22 Time: 8:42am

Location Address: 369 Washington Blvd Stamford Telephone #: 203 504 8523

e-mail address: info@gracedaycares.com License #: 70396 Expiration Date: 3/31/26

Capacity: 96/156 # of Children Present: 30 # of Staff Present: 16

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
**Provider/Applicant/Substitute's Signature**

Purpose of visit: partial inspection to 11-23-21 inspection (supervision)

Observations/Corrections needed:

19a-79-4a(c)(4)(d) - OK 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: [Signature]  
(OEC Representative)

Print Name: Jon Mangano

Signature: [Signature]  
(Person in Charge)

Print Name: Carolina Treponich