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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New London Day Nursery Date: 4/4/22 Time: 2:30pm

Location Address: 7 Vauxhall St. New London, CT Telephone #: (860) 442-437-4550

e-mail address: nicholsje childandfamilyagency.org License #: 13978 Expiration Date: 6/30/25

Capacity: 70 ages 16 # of Children Present: 44 # of Staff Present: 8

| | |
|---|---|
| ***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*** N/A |

Purpose of visit: Follow up - Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at the time of the visit

**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: Stephanie Pio

Signature: _____ *(Person in Charge)*

Print Name: Jeff Nichols