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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Cottage II Date: 4.25.22 Time: 940

Location Address: 1114 Hope St Stamford Telephone #: 203.461.9566

e-mail address: babycottage1986@gmail.com License #: 14299 Expiration Date: 10.31.25

Capacity: 40 # of Children Present: 36 # of Staff Present: 10

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: Partial inspection on ratio from 2/14/22 inspection

Observations/Corrections needed:

110-ratio - 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: _____ *(OEC Representative)*

Print Name: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Carly Hall