

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ABC Learn with me Date: 4-16-22 Time: 11:30

Location Address: 172 Cedar St., Branford Telephone #: 203-488-1506

e-mail address: rh4961@hotmail.com License #: 70048 Expiration Date: 3-31-24

Capacity: 110 # of Children Present: 75 # of Staff Present: 18

**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 for case # 2021-856

Observations/Corrections needed:

NS 19a.79-10(g) - observed proper safe sleep arrangements in all infant classrooms

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: _____

Signature: _____

(OEC Representative)

Print Name: Kenn Eddy

Signature: _____

(Person in Charge)

Print Name: Robin Gota