

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nathan Hale Before/After School Program Date: 6/6/22 Time: 3:51 pm
Location Address: 277 Atkins St. Ext Telephone #: 475-775-4902
e-mail address: dtremaglio@womenfamilies.org License #: 14100 Expiration Date: 4/30/26
Capacity: 40 # of Children Present: 30 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Follow up to 6/2/22 inspection

Observations/Corrections needed:

19a-79-4a(c)(4)(D): supervision at this visit is in compliance

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: WRA

Signature: [Signature]
(OEC Representative)

Print Name: Fl Montanye

Signature: [Signature]
(Person in Charge)

Print Name: Juan Butler