

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cornerstone Children's Center Date: 6/10/22 Time: 9am

Location Address: 16 Hickory St. Trumbull, CT 06611 Telephone #: (203) 261-8499

e-mail address: Contact@cornerstonekids.com License #: 14402 Expiration Date: 9-30-22

Capacity: 59 # of Children Present: 44 # of Staff Present: 11

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: Follow Up to 5-25-22 visit

Observations/Corrections needed:

No Violations at this 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: Terril Roberts
(OEC Representative)
Print Name: Terril Roberts
Signature: Christian Mirowski
(Person in Charge)
Print Name: Christian Mirowski