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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 6/30/22 Time: 12:12p

Location Address: 605 Foxon Road N. Branford Telephone #: 203 484 3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43/29 # of Children Present: 24 # of Staff Present: 6

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: Consent order monitor #2

Observations/Corrections needed:

(NS) #8 Technical assistance completed by the director with OEC Staff on 4/26/21

(NS) #9 New education consultant hired 5.12.21

(NS) #10 Education consultant monthly site visits completed on 6/16/21 with written evaluation received on 6/17/21 7/30/21 with written evaluation received on 8/6/21 8/27/21 with written evaluation received on 9/9/21 9/27/21 with written evaluation received on 9/28/21 10/27/21 with written evaluation received on 10/28/21 11/10/21 with written evaluation received on 11/10/21 12/7/21, 1/13/22, 2/16/22, 3/14/22, 4/18/22, 5/11/22 and 6/5/22 all had written evaluations done on the day of visit. Education consultant remains the same for all visits

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: Caroldeloreto
(OEC Representative)
Print Name: Carolynne DeLoreto

Signature: Theresa Guadagnino
(Person in Charge)
Print Name: Theresa Guadagnino