

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gianelli's Early Learning Center Date: 7.7.22 Time: 9:12

Location Address: 67 Round Hill Rd Middletown Telephone #: 860-346-5765

e-mail address: gianellisec@gmail.com License #: 12468 Expiration Date: 4.30.25

Capacity: 86/8 # of Children Present: 13 # 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 _____
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Purpose of visit: Follow-up to Inspection dated 6.8.22

Observations/Corrections needed:

NS #111 under 3 group size observed all children, under 3 to be in proper group sizes during 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.

Signature: Jennifer Serra
(OEC Representative) Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -na-

Signature: Sr. Juana Olmedo
(Person in Charge)