

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Congregation B'nai Israel Nursery School   Date: 7/26/22   Time: 12:33

Location Address: 2710 Park Ave   Bpt   Telephone #: 203.258.3154

e-mail address: acohen@cbi.bpt.org   License #: 13158   Expiration Date: 5-31-26

Capacity: 104/52   # of Children Present: 55   # of Staff Present: 22

**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: 2nd follow up on safe sleep #130 - Follow up to 7.21.22 inspection


Observations/Corrections needed:

#130 - OK at inspection

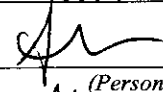
**S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)**

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:  \_\_\_\_\_  
(OEC Representative)

Print Name: Lon Mangano

Signature:  \_\_\_\_\_  
(Person in Charge)

Print Name: Alexa Cohen