

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bambini Day Care and Learning Center      Date: 7/29/22 Time: 12:52 pm

Location Address: 5116 Route 80 Guilford      Telephone #: 203-457-9819

e-mail address: bambinicare@yahoo.com      License #: 16537      Expiration Date: 70577

Capacity: 45/2813 # of Children Present: 14      # of Staff Present: 4

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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 for inspection dated 7/27/22 for item #130

Observations/Corrections needed:

#130.- in compliance at this visit. Safe sleep practices being followed during 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: NA

Signature: [Signature]  
(OEC Representative)

Print: Al Montanye

Signature: [Signature]  
(Person in Charge)

Print: Jessica Landry