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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Action Early Learning Center Date: 8/17/12 Time: 9:45

Location Address: 75 Baemforth Ave. Danbury Telephone #: 203-743-3785

e-mail address: mini.santosh@ccawc.org License #: 15754 Expiration Date: 6/30/12

Capacity: 154/16 # of Children Present: 103 # of Staff Present: 24(2)

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: follow up on group size

Observations/Corrections needed:

In compliance today

13:2
14:3
4:2
5:2
8:3
14:3
14:3
15:3
14:3

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: Kristi Morgan

Signature: Brenda Dalbem
(Person in Charge)
Print Name: Brenda Dalbem