

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's center of n. milford Date: 8/29/22 Time: 10:30

Location Address: 11A Aspetuck Ave. n. milford Telephone #: 561-354-1883

e-mail address: _____ License #: 13459 Expiration Date: 4/30/24

Capacity: 77/116 # of Children Present: 54 # of Staff Present: 11(1)

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	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. 10:2

- observed new gate on playground 6:2

to ensure group size can be maintained. 5:3

9:2

10:2

11:2

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: nm

Signature: [Signature]
(OEC Representative)

Print Name: Knish Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Carol Kallstrom