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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sacred Heart of Jesus Daycare - Preschool - Kindergarten Date: 8/17/22 Time: 8:05

Location Address: 90 Chapel Hill Rd North Haven CT 06473 Telephone #: 203-889-2531

e-mail address: shjdaycarepreK.kindergarten@yahoo.com License #: 70434 Expiration Date: 9/30/26

Capacity: 34 (84) # of Children Present: 6 # of Staff Present: 3

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 inspection - 2 staff on site -

Observations/Corrections needed:

19a-79-4a(c)(2): In compliance at time of 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.

Signature: Johanne Dalo
(OEC Representative)
Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Sister Jacinta Abl
(Person in Charge)
Sister Jacinta