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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Norfield Children's Center Date: 9/9/22 Time: 9am

Location Address: 64 Norfield Rd Weston, CT. 06883 Telephone #: (203) 227-7047

e-mail address: panderson@norfieldchildrenscenter.org License #: 13300 Expiration Date: 3.31.26

Capacity: 52 # of Children Present: 15 # 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: BCIS Follow Up

Observations/Corrections needed:

No Violations at 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.

Signature: Terri Roberts / Terri Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Penelope Anderson
(Person in Charge)