

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trumbull Loves Children - Frenchtown Date: 10/7/22 Time: 2:30 pm
Location Address: 30 Frenchtown Rd Trumbull, CT 06611 Telephone #: (203) 666-9545
e-mail address: mgordon@tlc-trumbull.com License #: 15996 Expiration Date: 3.31.26
Capacity: 95 # of Children Present: 27 # of Staff Present: 5

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature</i>
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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: [Signature] René R Roberts
(OEC Representative)

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

Signature: [Signature] Brian Delfino
(Person in Charge)