

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Family First in Education Date: 10-17-22 Time: 3:10 PM
Location Address: 180 E Elm St Greenwich Telephone #: 203-816-8461
e-mail address: Cahumda@familycenters.org License #: 70591 Expiration Date: 11-30-24
Capacity: 40 # of Children Present: 16 # of Staff Present: 2

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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow up on Supervision which was cited on 10-13-22

Observations/Corrections needed:

Program is in compliance with Supervision at this 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.

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

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson
Signature: Isabel Cartagena
(Person in Charge)
Print Name: Isabel Cartagena