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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Priscilla's Place Date: 10/21/22 Time: 845am

Location Address: 25 Flat Rock Rd Easton, CT. 06612 Telephone #: (203) 449-5415

e-mail address: S-Stewart44@yahoo.com License #: 704774 Expiration Date: 1.31.23

Capacity: 30 # of Children Present: 17 # of Staff Present: 4

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: _____ *(OEC Representative)*

Signature: _____ *(Person in Charge)*

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