

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Daycare and Learning Center Date: 11.18.22 Time: 8:40 am

Location Address: 369 Washington Blvd Telephone #: 203504-8523

e-mail address: info@gracedaycares.com License #: 70396 Expiration Date: 3.31.26

Capacity: 96/50 # of Children Present: 27 # of Staff Present: 14

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: Follow up to 11.17.22 inspection (#111 group size, and #112 physical barriers)

Observations/Corrections needed:

#111 - Group Size - OK

#112 Physical Barriers - OK

* Reversion to 11.17.22 inspection
110 - Ratio violation was removed

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: [Signature]
(OEC Representative)
Print Name: Lori Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Caroline Trepork