

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC Before & After School Date: 11/23/22 Time: 8:25

Location Address: 150 Brainard Rd, Entfield Telephone #: 800-253-6464

e-mail address: erfc@erfc.us License #: 70376 Expiration Date: 9/30/25

Capacity: 40 # of Children Present: 23 # 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 _____
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Purpose of visit: Follow up to 11/4/22 full inspection.

Observations/Corrections needed:
Follow up to verify continued compliance with ratios.

Observed ratios met and discussed with staff.

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: Linda Mayhew
(OEC Representative)

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

Signature: Anthony J. Ingle
(Person in Charge)