

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Blessings Christian Child Care Center Date: 12/1/22 Time: 5:02 pm

Location Address: 503 Old Hill Rd Madison Telephone #: 203-421-2878

e-mail address: director@littleblessingsmadison.com License #: 70581 Expiration Date: 10/31/24

Capacity: 37 # of Children Present: — # of Staff Present: —

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 <u>NA</u>
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Purpose of visit: Revision to inspection dated 11/29/22

Observations/Corrections needed:

supplemental report of inspection dated 11/29/22
did not include telephone #.

Please keep this and corrected report of inspection
for your records

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: NA

Signature: [Signature]
(OEC Representative)
Print Name: Fil Montano
Signature: sent via email
(Person in Charge)
Print Name: sent via email

