

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC Before & After School-age Date: 12/6/22 Time: 2:45

Location Address: 68 N Maple St. Care Center Telephone #: 860-253-9935
Enfield

e-mail address: erfc@erfc.us License #: 70081 Expiration Date: _____

Capacity: 123 # of Children Present: 55 # of Staff Present: 8

**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: Follow up to check ratios.

Observations/Corrections needed:

Follow up to 10/26/22 foll.

Ratios observed to be met.

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: Amelia Hayken
(OEC Representative)

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

Signature: Jordan Chase
(Person in Charge)