

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Advance Child Care Center Date: 12/1/2008 Time: 11 AM

Location Address: 65 Kensington St. New Haven, CT. Telephone #: 203-562-9106

e-mail address: delisatolsma@gmail.com License #: 15906 Expiration Date: 4/30/2009

Capacity: 25 # of Children Present: 9 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Unannounced partial inspection for ratios

Observations/Corrections needed:

#21- observed 2:9

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: _____

Signature: [Signature]

(OEC Representative)

Print Name: BRENDA PERKINS

Signature: [Signature]

(Person in Charge)

Print Name: _____