☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Generalli School of Literature+Arts Date: 1/10/23 Time: 1100

Location Address 1625 Straits Tpke Middlebury Telephone #: (203) 577-6900

e-mail address: literature@sbcglobal.net License #: 16516 Expiration Date: 9/30/26

Capacity: 72 # of Children Present: 59 # of Staff Present: 13

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 12/22/22 BCIS

Observations/Corrections needed:

reviewed staff attendance records from 12/28 to present. All staff present are in BCIS system. 2 staff terminated and 1 staff awaiting fingerprinting and not working. Program in compliance

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: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/24/23

Signature: _____
(Person in Charge)