

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grace Daycare and Learning Center Date: 11/19/23 Time: 8:35am

Location Address: 369 Washington Blvd Stamford Telephone #: 203 504 8523

e-mail address: info@gracedaycares.com License #: 70396 Expiration Date: 3.31.26

Capacity: 96/56 # of Children Present: 33 # of Staff Present: 14

**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: Partial inspection to 11/17/22 inspection (group size & physical barriers)

Observations/Corrections needed:

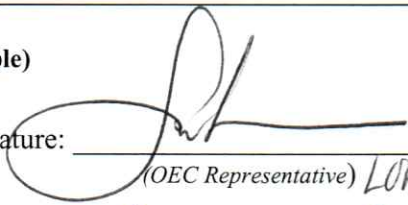
111- Group size - OK at inspection

112- Physical barriers - OK at inspection

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: N/A

Signature:  (OEC Representative) Lon Mangano

Signature:  (Person in Charge) Angelica Mendez