

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Barbara Kolaric Date: 1/30/23 Time: 9:01am
Location Address: 1467 ~~Fairview~~ ^{Fairfield} Woods Rd, Fairfield Telephone #: 203-371-7297
e-mail address: barbarakolaric123@gmail.com License #: 55504 Expiration Date: 1/31/27
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

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: <u>Barbara Kolaric</u>
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Purpose of visit: Follow up to inspection dated 1/27/23
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Observations/Corrections needed:

Provider closed today. Will remain closed until background check is in a (WSP) work supervised or current status.

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: Rebecca Cruelles
Rebecca Cruelles
(OEC Representative)

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

Signature: Barbara Kolaric
(Person in Charge)