

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Good Child Development Center Date: 5/16/22 Time: 9:50

Location Address: 170 Old Point Rd Milford Telephone #: 203 874-8232

e-mail address: bill@goodchilddevelopmentcenter.com License #: 16530 Expiration Date: 10/31/24

Capacity: 92/56 # of Children Present: 77 # of Staff Present: 21⁺

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: Investigation 2022-323 self-report

Observations/Corrections needed:

(NS) 19a-79-3a(a) Administration, ensure health + safety of children - unable to substantiate any regulatory violation related to safety of children.

(S) 19a-79-3a(d)(8) Implement personnel policies - staff failed to follow policy related to alcohol use when staff was observed to be intoxicated during work hours.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Bill O'Connell
(Person in Charge)

Print Name: Bill O'Connell