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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cornerstone Early Learning Center Date: 2.24.23 Time: 12:10 pm

Location Address: 718 West Ave Norwalk Telephone #: 203.831.8349

e-mail address: celc718@yahoo.com License #: 14107 Expiration Date: 4.30.26

Capacity: 49/30 # of Children Present: 30 # of Staff Present: 11

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 on ratio (110)

Observations/Corrections needed:

110 Ratio 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)*

Print Name: Lori Mangiafico

Signature: _____ *(Person in Charge)*

Print Name: Debra Hinton