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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Christ's Church Nursery School Date: 3/8/23 Time: 9:00

Location Address: 59 Church Rd. Easton Telephone #: 203 570-0381

e-mail address: ccns059@gmail.com License #: 13714 Expiration Date: 3/31/25

Capacity: 40 # of Children Present: 27 # of Staff Present: 4+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*** _____

Purpose of visit: Partial inspection as follow-up for case 2022-804

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) staffing, supervision - operator in compliance at this visit.

Discussed transition off playground

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Margaret Supple
(Person in Charge)

Print Name: Margaret Supple