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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Village Date: 3/22/23 Time: 1:15 pm

Location Address: 545 Bound Line Rd. Wolcott Telephone #: 203 879 5300

e-mail address: talhaht.mannan57@gmail.com License #: 12811 Expiration Date: 6/30/25

Capacity: 93/38 # of Children Present: 56 # 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*** N/A

Purpose of visit: Complaint Investigation Case 2023-207 Follow-up.

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Ratios - In compliance - Walk through conducted.

NS 19a-79-4a(c)(5) Staffing - Group Size - No violations.

NS 19a-79-4a(b)(1)+(2) - Staffing - Background checks - In compliance

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: Lauren Hull

Signature: M Reilly *(Person in Charge)*

Print Name: Margaret Reilly