

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sacred Heart of Jesus Day Care - Date: 3/23/23 Time: 7:35
Preschool-Kindergarten
Location Address: 90 Chapel Hill Rd North Haven Ct Telephone #: 203-889-2531
e-mail address: shdaycarepresk.kindergarten@yahoo.com License #: 70434 Expiration Date: 9/30/26
Capacity: 34 # of Children Present: 4 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Two Staff on site at all time

Observations/Corrections needed:

19a-79-4a(c)(2): Two Staff 18 year old +: In compliance at time of visit.

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: [Signature]
(OEC Representative)
Print Name: Johanne Dalb
Signature: Sister Jacinta A. Ibe
(Person in Charge)
Print Name: Sister Jacinta A. Ibe