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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Surreybrook Date: 3/27/23 Time: 9:20

Location Address: 234 Amity Rd Bethany Telephone #: (203) 815-2567

e-mail address: cheryl@surreybrook.com License #: 16559 Expiration Date: 11/30/24

Capacity: 92 # of Children Present: 71 # of Staff Present: 14

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- Group Size and Background Checks

Observations/Corrections needed:

(18b) verified through time cards and staff names during walk through. program in Compliance and staff not working with children that do not have current background Checks

(111) Group Size - in compliance during walkthrough and per Staff interviews in toddler room - verifing staff are aware physical barrier needed. Reviewed with toddler staff and director at visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

...ators/providers are required by regulations and statutes ... compliance at all times.

...TIVE PLAN SHALL BE RETURNED TO 4/10/2023

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Cheryl Lane (Person in Charge)

Print Name: Cheryl Lane