

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Lady of Mount Carmel Child Care Center Date: 4/12/23 Time: 1:15

Location Address: 656 Congress Ave Telephone #: 203-755-8278

e-mail address: fran.corona@mtcarmelschool.net License #: 70539 Expiration Date: 2/29/24

Capacity: 32 # of Children Present: 16 # of Staff Present: 5

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: safe sleep follow up

Observations/Corrections needed:

★ No violations

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: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

Signature: Nicole Fortier
(Person in Charge)
Print Name: Nicole Fortier