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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cornerstone Early Learning Center Date: 4.28.23 Time: 1251

Location Address: 718 West Ave Norwalk Telephone #: 2038318349

e-mail address: celc718@yahoo.com License #: 14107 Expiration Date: 4.30.26

Capacity: 49/30 # of Children Present: 38 # 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*** _____

Purpose of visit: Partial inspection to 2.14.23 inspection (Ratio #110)

Observations/Corrections needed:

#110-Ratio - OK at inspection

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: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Lynda C. Williams