

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Gan Yeladim of Stamford      Date: 6.1.23      Time: 9:37  
Location Address: 752 High Ridge Rd Stamford      Telephone #: 203-324-2223  
e-mail address: morahleah@stamfordchabad.org      License #: 10444      Expiration Date: 6-30-27  
Capacity: 167/63      # of Children Present: 125      # of Staff Present: 32

<b>Consent to Inspect Family Child Care Home</b>	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Follow up to 5.22.23 inspection (Safe Sleep)

**Observations/Corrections needed:**

#130 crib/bed free from observable hazards - OK at inspection

#110 Ratio - Observed 3 infants on one side of room with gate closed and no staff on that side. The other side of room had 4 staff with 5 children (Infant room)

**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: 6/15/23

Signature:  \_\_\_\_\_  
(OEC Representative)  
Print Name: Lon Mangano  
Signature: L. Shemtov \_\_\_\_\_  
(Person in Charge)  
Print Name: Leah Shemtov