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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gan Yeladim of Stamford Date: 6.5.23 Time: 850

Location Address: 752 High Ridge Rd Stamford Telephone #: 203.324.2223

e-mail address: morahleah@stamfordchabad.org License #: 70494 Expiration Date: 6.30.27

Capacity: 67/63 # of Children Present: 70 # of Staff Present: 28

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: 2nd follow up to 5.22.23 inspection (ratio)

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: Lyn Mangano

Signature: _____
(Person in Charge)
Print Name: Wendy Beder