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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Surreybrook Date: 4/30/23 Time: 10:00

Location Address: 234 Amity Rd Bethany Telephone #: 203 393-2445

e-mail address: Cheryl@surreybrook.com License #: 16559 Expiration Date: 4/30/24

Capacity: 92 # of Children Present: 51 # of Staff Present: 10

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

Observations/Corrections needed:

18b- Background Checks- verified all staff present are in BCIS background system (In Compliance)

70- Rugs secured - (In Compliance)

111 - Group Size (In compliance) Additional fenced in playground recently completed - Measured + Inspected at visit

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: 7/14/23

Signature: Jaime Fortin *(OEC Representative)*

Print Name: Jaime Fortin

Signature: Cheryl Lane *(Person in Charge)*

Print Name: Cheryl Lane