

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gan Yeladim of Stamford Date: 8/7/23 Time: 9:04

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: 16/163 # of Children Present: 50 # of Staff Present: 21

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 5/22/23 and 6/1/23 on ratio #110 and safe sleep #130

Observations/Corrections needed:

#110-Ratio - OK at inspection

#130 Crib/bed free from observable hazards - 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: [Signature]

Print Name: Lon Mangano
(OEC Representative)

Signature: L. Shento

Print Name: Leah Shento
(Person in Charge)