

2023-630

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Early Childhood Laboratory School Date: 8/1/23 Time: 9:15

Location Address: 900 Lafayette Blvd Bpt, C7 Telephone #: 203-332-5030

e-mail address: K.Lund@HCC.comnet.edu License #: 14510 Expiration Date: 5/31/25

Capacity: 48/8 # of Children Present: 28 # of Staff Present: 7

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up Self Report 2023-630

Observations/Corrections needed:

Pre Kristin Lund - Director (not present) Yotisse Williams - head teacher

(NS) 19a-79-4a(c) 4 (ii) - Staffing - Supervision - Per head teacher,
program has been adhering to supervision policy

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]
(OEC Representative)

Print Name: Yotisse Williams

Signature: [Signature]
(Person in Charge)

Print Name: Yotisse Williams