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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 8/22/23 Time: 2:00pm

Location Address: 605 Foxon Rd North Branford 06471 Telephone #: 15729

e-mail address: nbcc48u@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43 # of Children Present: 20 # of Staff Present: 4

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*** NA

Purpose of visit: Follow up inspection to inspection dated 7/11/23

Observations/Corrections needed:

#130 - crib sheets in compliance at this visit

#180 - Background checks in compliance at this 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.

Signature: [signature] *(OEC Representative)*

Print: G Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [signature] *(Person in Charge)*

Olivia Verme