

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Haven Child Development Center Date: 8/30/23 Time: 8:00am

Location Address: 20 Peck St North Haven 06473 Telephone #: 203-234-2334

e-mail address: nccdcenter@gmail.com License #: 70287 Expiration Date: 3/31/24

Capacity: 36 # of Children Present: — # of Staff Present: 13

Consent to Inspect Family Child Care Home	<i>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 <u>NA</u></i>
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Purpose of visit: Follow up to inspection dated 8/2/23

Observations/Corrections needed:

93: Fence now measuring at 4ft. 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: [Signature]
(OEC Representative)
Print: Elizabeth Montanye Lauren Grogan
Signature: [Signature]
(Person in Charge)