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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bethany Nursery Group Date: 10/10/23 Time: 8:30

Location Address: 511 Amity Rd. Bethany Telephone #: 203-393-3032

e-mail address: bethanynurserygroup@gmail.com License #: 12543 Expiration Date: 4/30/25

Capacity: 32 # of Children Present: 1 # of Staff Present: 3

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: follow up on fence height.

Observations/Corrections needed:

in compliance today.

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: _____ *(OEC Representative)*

Print Name: Kristin Morgan

Signature: _____ *(Person in Charge)*

Print Name: Christine Hurday