

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mother's Day Out Date: 10/24/23 Time: 10:20 am
Location Address: 35 Shelton Rd Trumbull, Ct. 06611 Telephone #: (203) 377-7518
e-mail address: debpacknick@gmail.com License #: 12161 Expiration Date: 12.31.24
Capacity: 46 # of Children Present: 24 # of Staff Present: 6

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: Ratio Follow Up

Observations/Corrections needed:

110 - 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: N/A

Signature: [Signature]
(OEC Representative)
Signature: [Signature]
(Person in Charge)