

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shelton Strong Start ECS Date: 10/24/23 Time: 1:28

Location Address: 901 Bridgeport Ave. Shelton Telephone #: 203-242-8233

e-mail address: Christina@strongstart.com License #: 70555 Expiration Date: 7/31/24

Capacity: 184/104 # of Children Present: 142 # of Staff Present: 30

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
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Purpose of visit: follow up on physical barrier

Observations/Corrections needed:

<u>in compliance</u>		<u>7:2</u>
<u>- temporary fencing.</u>	<u>all askcp -</u>	<u>7:1</u>
		<u>7:2</u>
		<u>8:2</u>
		<u>7:2</u>
		<u>7:2</u>
	<u>all askcp -</u>	<u>8:1</u>
	<u>all askcp -</u>	<u>8:1</u>
		<u>6:2</u>
		<u>7:2</u>
		<u>7:2</u> <u>15:2</u>
		<u>7:1</u> <u>16:2</u>
		<u>19:2</u> <u>10:1</u>

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: Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NIA

Signature: Chris Masuda
(Person in Charge)