Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Childcare Date: 11/3/23 Time: 8:06am

Location Address: 605 Foxon Rd North Branford Telephone #: 203-484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/24

Capacity: 43 # of Children Present: 13 # 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*** NA

Purpose of visit: follow up inspection to 11/21/23 inspection.

Observations/Corrections needed:

110 - ratios in compliance at this visit

129 - in compliance at this visit as no infants were observed sleeping at this time.

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: _____ (OEC Representative)
Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____ (Person in Charge)

Print: Jeannette Traichel

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Childcare Date: 12/7/23 Time: 3:36 pm

Location Address: 605 Foxon Rd North Branford Telephone #: 203-484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43 # of Children Present: — # of Staff Present: —

Consent to Inspect Family Day Care Home	*I agree to allow the Commissioner's representative to have access to and inspect this facility and all child care records as required by Family Day Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** NA

Purpose of visit: Revision to inspection on 11/28/23

Observations/Corrections needed:

* Date was incorrectly written on report of inspection

Please keep this and corrected copy for your record

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] *(Inspector – OEC)*

FI Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: Sent via Email *(Person in Charge)*

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

SUPPLEMENTAL REPORT OF INSPECTION

11/28/23 PM

Name of Program/Provider: North Branford Childcare Date: ~~11/3/23~~ Time: 8:06am

Location Address: 605 Foxon Rd North Branford Telephone #: 203-484-3344

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

Capacity: 43 # of Children Present: 13 # 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*** N/A

Purpose of visit: follow up inspection to 11/21/23 inspection.

Observations/Corrections needed:

110 - ratios in compliance at this visit

129 - in compliance at this visit as no infants were observed sleeping at this time.

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: Fil Montanye
(OEC Representative)
Fil Montanye

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

Signature: Jeannette Traichel
(Person in Charge)
Print: Jeannette Traichel