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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Apple Blossom School and Family Center Date: 5/17/24 Time: 12:15 pm

Location Address: 426 Danbury Rd Wilton, CT - 06897 Telephone #: (203) 834-0344

e-mail address: office@appleblossom.org License #: 16129 Expiration Date: 5.31.26

Capacity: 43 # of Children Present: 5 # of Staff Present: 2

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 - Playground Rope @ swing

Observations/Corrections needed:

No Violations 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)*

Print Name: Teri R Roberts

Signature: [signature] *(Person in Charge)*

Print Name: Kelley van der Harten