



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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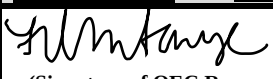
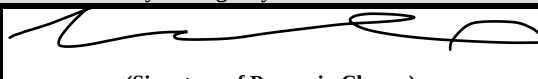
CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	WEE CARE OF NORTH BRANFORD				License Number	DCCC.12826	Date of Inspection	07/16/2024
					Expiration Date	9/30/2025	Time of Inspection	12:07 PM
Address	1680 FOXON RD NORTH BRANFORD CT 06471-1505				Telephone	(203) 481-3909	Total Capacity	37
					Days and Hours	FROM: 7:00AM TO: 6:00PM	Under Three Capacity	21
#Children Present	28	# Under 3 Present	16	# Staff Present	7		Summer Care	Open
Purpose of Inspection	Ratios				Name of Inspector	Fil Montanye		
Program's Email	weecarenb@hotmail.com				Inspector's Email	filomena.montanye@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation:	Description:
[19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
Ratios in compliance at this visit	
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
NOTE: Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. APPLICANTS: You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> a license has been issued by the Agency.			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Fil Montanye (Printed Name)			Robert Woytowich (Printed Name)