

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sacred Heart of Jesus Date: 11/5/24 Time: 7:245 AM

Location Address: 90 Chapel Hill Rd North Haven Telephone #: 203-889-2531

e-mail address: shjdaycareprek.kindergarten@yahoo.com License #: 70434 Expiration Date: 9/30/26

Capacity: 34 # of Children Present: 1 # of Staff Present: 2  
√ 3's 8

<b>Consent to Inspect</b> <b>Family Child Care Home</b> Provider/Applicant/Substitute's Signature <u>NA</u>	<i>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.</i>
---	---

Purpose of visit: Partial - 2 staff present for inspections dated 7/12/24 + 7/17/24

Observations/Corrections needed:

#33 - 2 staff present: in compliance at this visit

- Program submitted a change form for shade structure and sandbox built by Eagle Scout project.
  - sandbox and shade structure observed at the time of visit with no observable hazards  
OK to use.

- TA for new regulation on regulation of 1:5 ratio and group size to 10 for 2 year olds only.

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: NA

Signature: Fil Montanye  
(OEC Representative)  
Print Name: Fil Montanye  
Signature: Sister Jacinta A. Ibe  
(Person in Charge)  
Print Name: Sister Jacinta Ibe