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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wee Care of North Branford Date: 11/5/24 Time: 12:23p

Location Address: 1680 Foxon Rd North Branford Telephone #: 203-481-3909

e-mail address: weecarenb@hotmail.com 06471 License #: 12826 Expiration Date: 9/30/25

Capacity: 37 ↓35.21 # of Children Present: 18↓3 31↑13 27 total # of Staff Present: 8

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: Partial inspection for inspections dated 6/20/24 and 7/16/24

Observations/Corrections needed:

#41 nap time ratios in compliance 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: NA

Signature: Fil Montanye
(OEC Representative)
Print Name: Fil Montanye

Signature: _____
(Person in Charge)
Print Name: Robert Woytowich