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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Toddler Town Learning Center Date: 11/20/24 Time: 8:30

Location Address: 835 Wolcott St Suite 7A Waterbury Telephone #: 203-753-0725

e-mail address: _____ License #: 70746 Expiration Date: 2/29/25

Capacity: 75/53 # of Children Present: 21/15 # of Staff Present: 7

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: partial inspection on ratio

Observations/Corrections needed:

In compliance today.

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: _____
(OEC Representative)
Print Name: Kristi Magers

Signature: _____
(Person in Charge)
Print Name: Margica Ramirez