☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: JCC child care Programs Date: 11.18.24 Time: 855

Location Address: 1035 Newfield Ave Stamford Telephone #: 203.322-7900

e-mail address: lgebert@stamfordjcc.org License #: 12946 Expiration Date: 10.31.25

Capacity: 221|96 # of Children Present: 168|54 # of Staff Present: 40

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 from 8/5/24 on Group Size and Barriers for under 3s.

Observations/Corrections needed:

Group size and barriers compliant 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: Lori Morgan

Signature: _____ *(Person in Charge)*

Print Name: Anne Liss Johnson