

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Early childhood Education Center at Temple Sinai Date: 11.18.24 Time: 1130
Location Address: 458 Lakeside Dr Stamford Telephone #: 203.322.1649
e-mail address: ecce@templesinain Stamford.org License #: 70656 Expiration Date: 8.31.26
Capacity: 42/24 # of Children Present: 16/9 # of Staff Present: 8

Consent to Inspect Family Child Care Home	<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> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Partial inspection from 9/3/24 inspection (Safe sleep)

Observations/Corrections needed:

Safe sleep 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: [Signature]
(OEC Representative)
Print Name: Lon Maryland
Signature: [Signature]
(Person in Charge)
Print Name: Phyllis Lyons