

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ABC Child Care Center Date: 11/19/24 Time: 12:43pm

Location Address: 2740 Broadbridge Ave Stratford Telephone #: 203-378-8888

e-mail address: abc2740.rick@gmail.com License #: 12843 Expiration Date: 8/31/25

Capacity: 89 # of Children Present: 60 # of Staff Present: 15
↓ 3's 48

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 - Ratio ↓ 3's + Crib Hazards from 4/23/24 + 5/14/24
* increase capacity of Pre 3's room

Observations/Corrections needed:

- ✓ 19a-79-44(d)(6) naptime ratios in compliance at this visit
- ✓ 19a-79-10a(g)(i) crib hazards in compliance at this visit
- ⊕ 19a-79-10(c)(3) program was not in compliance with 2 year old group size when 10 2yrs olds were observed with 2 staff in downstairs under 3's room (Pre 3's) without OEC approvals corrected at visit with change form, floor plan and OEC measurements.
- 6/28/17 measurements of downstairs under 3's (Pre 3's) ok for 10 two year olds w/ 1:5 ratio if child is present that is under 2 years old will revert back to 8 with 1:4 ratio
- Change form ✓
- outdoor space still with group size of 8 and 1:4 ratio

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: 12/3/24

Signature: Fil Montanye
(OEC Representative)
Print Name: Fil Montanye
Signature: AnnMarie Duranda
(Person in Charge)
Print Name: AnnMarie Duranda

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ABC Child Care Center License # 12843 Date: 11/19/20

Observations/Corrections needed:

• program will not increase overall capacity

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 12/3/24