

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Muriel Moore Child Develop. Center Date: 1/10/25 Time: 12:10

Location Address: 444 North Main St. Waterbury Telephone #: 203 759-0841

e-mail address: aricciardi@newoppinc.org License #: 15333 Expiration Date: 10/31/25

Capacity: 270/60 # of Children Present: 179/42 # of Staff Present: 32

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> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Follow-up for investigation 2024-1045

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) Supervision - operator in compliance with supervision at time of inspection. All staff aware of numbers in their room.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Adrienne Ricciardi
(Person in Charge)
Print Name: Adrienne Ricciardi