

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Byram Archibald NBRHD CR (BANC) After School program Date: 11/3/25 Time: 2:45 pm
Location Address: 25 Mead Avenue Greenwich, Ct - 06830 Telephone #: (203) 622-7792
e-mail address: Christina.nappi@greenwichct.gov License #: 70574 Expiration Date: 9.30.28
Capacity: 100 # of Children Present: 72 # of Staff Present: 9

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: Follow Up - Ratio and Supervision

Observations/Corrections needed:

NS = 19a.79-11 (d) Ratio - In compliance at this visit

NS = 19a.79-3a (d)(5)(c) - Indoor/outdoor Supervision
Observed program staff escort child from classroom to front door for pick up.

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: Terri K Roberts
(OEC Representative)
Print Name: Terri K Roberts
Signature: Christina Nappi
(Person in Charge)
Print Name: Christina Nappi