☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 1/28/25 Time: 12:45

Location Address: 605 Foxon Rd. No. Branford Telephone #: 203 484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/2026

Capacity: 43/29 # of Children Present: 17/9 # of Staff Present: 4

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 for CO monitoring visit 10/3/24 – Head teacher status

Observations/Corrections needed:

(P) Condition 8 - Head teacher - obtained job postings from program as requested by agency. Head teacher has not been hired as of this date.

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: Tara Cassista
(Person in Charge)
Print Name: Tara Cassista