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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Priscilla's Place Date: 2-25 Time: 130pm

Location Address: 25 Flat Rock Rd Easton Telephone #: 203-449-5425

e-mail address: S_Stewart44@yahoo.com License #: 70474 Expiration Date: 1-31-27

Capacity: 30/16 U5 # of Children Present: 23/15 U3-5 # of Staff Present: 7

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: Partial inspection on these items below that were Cited on:

Observations/Corrections needed:

6-25-24 - ratio 1:4 - ✓
7-1-24

11-20-24 - lighting (nap time) - ✓
11-26-24

11-2024 - Safe Sleep - ✓

✓ = in compliance at this inspection

Discussed
2024 Safe Sleep policy (provided)
Policy checklist changes (provided)

no Correction at this inspection

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: NA

Signature: Cathy Clarke
(OEC Representative)
Print Name: Cathy Hodesc Candy Vargas

Signature: _____
(Person in Charge)
Print Name: Shelly Stewart