

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ABC childcare center Date: 3/18/25 Time: 11:15am
Location Address: 2740 Broadbridge Ave Stratford Telephone #: 203-378-8888
e-mail address: abc2740rick@gmail.com License #: 12843 Expiration Date: 8/31/25
Capacity: 50 # of Children Present: 59 # of Staff Present: 12

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> Provider/Applicant/Substitute's Signature: <u>NA</u>
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Purpose of visit: safe sleep partial

Observations/Corrections needed:

#130 - (g)(3) safe sleep in compliance at this visit.

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: [Signature]
(OEC Representative)
Print Name: Fl Montanye
Signature: [Signature]
(Person in Charge)
Print Name: Annamarie Dzurcoda