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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Childcare Date: 3/20/25 Time: 10:08pm

Location Address: 605 Foxon Rd North Branford 06471 Telephone #: 203-484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 02/28/26

Capacity: 43 # of Children Present: 23 # 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*** NA

Purpose of visit: Partial inspection to verify head teacher

Observations/Corrections needed:

#24(d)(1)-(e)(2) Designated head teacher / interim plan
Program still has interim plan in place - OK

#180 - condition for CO on head teacher. - program still has active program plan in Place. see comments below. - OK director will send documentation to OEC. Director not present at visit.

Comments

- Program transitioned to Cribs from pack + plays.
- Per staff the mattress that came with cribs are difficult for crib sheets that are supposed to fit. Mattress with crib observed to curl on ends
- Mattress per regulation must be. snug fitting with tightly fitted sheets
- per staff the plan if program does not hire head teacher by April 1, 2025 the Plan is that the current ed consultant will be hired to work 60% of the time and new education consultant will be in place as well

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: _____ *(OEC Representative)*

Print Name: Fl Montanye

Signature: _____ *(Person in Charge)*

Print Name: Tara Cassista