

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Munici Moore CDC Date: 4/10/25 Time: 1215

Location Address: 444 North Main St. Waterville Telephone #: 203 759 0841

e-mail address: aricciardi@newoppinc.org License #: 15333 Expiration Date: 10/31/25

Capacity: 278/608 # of Children Present: 213/150 # of Staff Present: 32+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint Investigation Case 2025-335

Observations/Corrections needed:

(P) 19a-79-4a(d)(4)(D) - Staffing - Supervision - Pending video review.

(S) 19a-79-7a(g)⁽⁵⁾ - Physical Plant - Equipment - Foam log in Toddler classroom where child fell is manufactured for children ages 3 and up.

(NS) 19a-79-5a(a)⁽³⁾ - Record Keeping - Injury - Program immediately notified the parents of a child who received an injury at the program.

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: 4/24/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Pamela Anderson - I Cetcham