

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Buram Archibald NBRHD GR ^{After school} program Date: 5/7/25 Time: 2:45pm
Location Address: 25 Mead Ave Greenwich, CT 06830 Telephone #: (203) 496 1874
e-mail address: gdhsbanc@icloud.com License #: 70574 Expiration Date: 9.30.28
Capacity: 100 # of Children Present: 59 # of Staff Present: 9

| | |
|--|---|
| 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. Provider/Applicant/Substitute's Signature _____</i> |
|--|---|

Purpose of visit: Ratio and Supervision partial

Observations/Corrections needed:

No violations 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: N/A

Signature: J.R. Roberts
(OEC Representative)
Print Name: Jenni R Roberts
Signature: Christina Nappi
(Person in Charge)
Print Name: Christina Nappi