

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic Childcare Center Date: 5.17.25 Time: 10:00

Location Address: 1050 Flanders Rd. Telephone #: 800-628-4678

e-mail address: directorcc@stlukect.org License #: 70791 Expiration Date: 11/30/28

Capacity: 80/40 # of Children Present: 24/40 ^{0v, u3} # of Staff Present: 14

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 <u>n/a</u></i>
------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: safe sleep follow up

Observations/Corrections needed:

NO violations

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: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: [Signature]
(Person in Charge)

Print Name: Danielle Maddalena