

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lordship Learning Tree Date: 5/22/25 Time: 11:29 am
Location Address: 179 Prospect Dr. Stratford Telephone #: 203-381-0333
e-mail address: lordshiplearningtree1@yahoo.com License #: 16233 Expiration Date: 3/21/26
Capacity: 48 # of Children Present: 26 # of Staff Present: 7

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* NA

Purpose of visit: Follow up to inspection dated 3/26/25

Observations/Corrections needed:

- ✓ #27(d)(4)(A) Ratios in compliance at this visit.
- ✓ #28 Supervision: in compliance at this visit
- ✓ #130(g)(1) snug fitting mattress in compliance at this visit
- ✓ #108. manufacture guidelines in compliance at this visit for pack + plays. Original mattress in pack + plays at this time

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 Montanese
Signature: [Signature]
(Person in Charge)
Print Name: Jaime W. Farrell