

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ATime for Children Date: 1/30/25 Time: 11:10

Location Address: 85 Park Lane Rd. N. Milford Telephone #: 840 355-1030

e-mail address: jredstone329uk@gmail.com License #: 15858 Expiration Date: 12/31/25

Capacity: 56 # of Children Present: 25 # of Staff Present: 6

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: Follow Up - Supervision

Observations/Corrections needed:

program in compliance for Ratio/Bathroom
supervision. New process create to ensure
children do not come into Building from playground
unsupervised

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: Jaime Fortin / Aurora Fortin
(OEC Representative)
Print Name: Jayne Fortin / Laura Fortin
Signature: Jennifer Redstone
(Person in Charge)
Print Name: Jennifer Redstone