

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Good Child Development Center Date: 7/9/25 Time: 2:20

Location Address: 170 Old Point Rd. Milford Telephone #: 203 874-8232

e-mail address: bill@goodchilddevelopmentcenter.com License #: 16530 Expiration Date: 10/31/28

Capacity: 92/56 # of Children Present: 79/50 # of Staff Present: 21+

**Consent to Inspect
Family Child Care Home**

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 _____

Purpose of visit: Investigation 2025-677

Observations/Corrections needed:

(S) 19a-79-7a(j) No weapons - regulation not met when operator would bring a secured + locked weapon to the licensed premises. Stated unaware of the regulation.

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: 7/23/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Bill Okwosa
(Person in Charge)

Print Name: Bill Okwosa