

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Branford Early Learning Center Date: 7/16/25 Time: 10:00

Location Address: 116 Birch Rd. Branford Telephone #: 203 488 4512

e-mail address: aloyola @ belcinc.org License #: 13900 Expiration Date: 9/30/26

Capacity: 70/116 # of Children Present: 55/114 # of Staff Present: 12

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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>
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Purpose of visit: Complaint Investigation Case 2025-713

Observations/Corrections needed:

(S) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when they did not strap the child in the high chair or secure the tray and the child fell out of the chair.

(NS) 19a-79-4a(d)(4)(b) - Staffing - Supervision - No evidence that staff were not adequately supervising children when a child fell forward out of the high chair.

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: 7/30/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull  
Signature: [Signature]  
(Person in Charge)  
Print Name: Ariana Loyola