☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 8/8/25 Time: 8:40

Location Address: 605 Foxon Rd. No. Branford Telephone #: 203 484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43/29 # of Children Present: 11 # of Staff Present: 4

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: Follow-up for investigation 2025-798

Observations/Corrections needed:

(NS) 19a-79-10(j) Infants removed from cribs for bottle feedings - no children observed in cribs at time of visit.

(NS) 19a-79-4a(d)(4)(D) Supervision - regulation in compliance at time of inspection.

(NS) CO condition 11 - observed evidence that staff member in infant room on 8/4/25 was trained on Caring for Children under three years.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: Kayhla Golembieski
(Person in Charge)
Print Name: Kayhla Golembieski