

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: ABC Learn With Me Date: 9/3/25 Time: 1:30 pm

Location Address: 172 Cedar St. Branford, Ct. 06405 Telephone #: (203) 488-1506

e-mail address: rh4961@hotmail.com License #: 70048 Expiration Date: 3.31.28

Capacity: 110 # of Children Present: 65 # of Staff Present: 14

**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: Complaint Investigation Case 2025-889

Observations/Corrections needed:

S=19a-79-3a(d)(5)(B) - Ratio policy not implemented

S=19a-79-10(c)(2) - Observed 1:8 (Room 1) and 1:7 (Room 5)

S=19a-79-10(e)(4) - Observed staff change <sup>(CR)</sup> 5 diapers and did not wash and disinfect the table at all. Observed her use a diaper wipe to clean the table.

S=19a-79-10(e)(7) Observed staff did not wash her hands at all and changed <sup>(CR)</sup> 5 diapers

NS-19a-79-4a(d)(3)(A) - Personal Qualities to care for children

NS-19a-79-4a(d)(3)(B) - Personal Qualities to relate to adults

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: 9.17.25

Signature: \_\_\_\_\_  
(OEC Representative)  
Print Name: Terr B Roberts  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Robin Colby

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: ABC Learn With Me License # 70048 Date: 9/3/25

Observations/Corrections needed:

NS=19a-79-4a(d)(3)(C) - Personal Qualities to relate to parents  
NS=19a-79-3a(d)(2)(B) - Prohibition of physical restraint unless  
to protect the health and safety of children or others

No evidence to substantiate regulations listed as NS

**S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
*(OEC Representative)*  
Print Name: TERRI ROBERTS

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9.17.25

Signature: [Signature]  
*(Person in Charge)*  
Print Name: Robin Galka