

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shirlene Davis Date: 9/12/25 Time: 9:20am
Location Address: 296 Clover Street Telephone #: 203 290 7525
Stratford, CT, 06614
e-mail address: Davis.Shirlene@yahoo.com License #: 57380 Expiration Date: 10/31/28
Capacity: 6 # of Children Present: 0 # of Staff Present: 1 Provider

**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 [Signature]

Purpose of visit: Follow-up to observe fencing barring access to Road in the outdoor play space in front yard.

Observations/Corrections needed:

23. Additional wood fencing was added to the broken fence in the right corner of front yard.
The fencing was secured and bars access to the road.

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Stef A. Russo

Signature: [Signature]
(Person in Charge)

Print Name: Shirlene Davis