

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Olive Binns Date: 12/22/25 Time: 12:05 pm

Location Address: 513 Columbus Ave Telephone #: 203 551 4684
Stratford, CT 06615

e-mail address: Sowingseeddaycare@gmail.com License #: 56936 Expiration Date: 6/30/29

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1 provider
under 18 months

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: <u>[Signature]</u>
--	---

Purpose of visit: Follow-up from Full Inspection on 10/07/05
to observe outdoor play space

Observations/Corrections needed:

39. The provider fenced in s. playspace on the right side of home. The fencing is 4ft and secure with a locked gated entrance. The playspace was sufficient and safe with appropriate outdoor equipment. The children will play in the outdoor fenced in area only. The provider will contact OEC when the backyard/original outdoor playspace is completely cleared and safe from the construction/addition that was added to the back of provider's Day Care space.

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: NO CAP required

Signature: [Signature]
(OEC Representative)
Print Name: Step A. Russo
Signature: [Signature]
(Person in Charge)
Print Name: Olive Binns