

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](http://www.ctoec.org) Fax (860)326-0552

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: ABC Learn with me Date: 1/21/20 Time: 3:00  
Location Address: 172 Cedar St. Branford Telephone #: 203-488-1504  
e-mail address: vh4961@hotmail.com License #: 70048 Expiration Date: 3/31/25  
Capacity: 110/50 # of Children Present: 63 # of Staff Present: 14

<b>Consent to Inspect</b> <b>Family Child Care Home</b> Provider/Applicant/Substitute's Signature	<i>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.</i>
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Purpose of visit: follow up on safe sleep

Observations/Corrections needed:

9:2  
5:2 in compliance  
13:2  
4:1  
5:2  
4:1  
6:2  
7:2

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: [Signature]  
(OEC Representative)  
Print Name: Krish Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Robin Galis