

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Muriel Moore Child Development Center Date: 3-20-26 Time: 9:30

Location Address: 444 North Main St. Telephone #: 203-759-0841

e-mail address: aricciardi@newoppinc.org License #: 15333 Expiration Date: 10-31-29

Capacity: 278<sup>u3</sup>/68 # of Children Present: 147<sup>u3</sup>/41 # of Staff Present: 39

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: playground follow up inspection

Observations/Corrections needed:

#111 outdoor space hazards: VOK

#112 outdoor space protected: VOK

#114 Water Hazards: VOK

\*policy review complete

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: Betty Mayer  
(OEC Representative)  
Print Name: Betty Mayer  
Signature: Adrienne Ricciardi  
(Person in Charge)  
Print Name: Adrienne Ricciardi