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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedargables Pre-School Date: 8/14/21 Time: 1:30

Location Address: 187 Clapboard Ridge Rd. Danbury Telephone #: 203-743-9654

e-mail address: tara@cedargables1c.com License #: 154600 Expiration Date: 5/31/22

Capacity: 70/16 # of Children Present: _____ # of Staff Present: _____

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: Follow up on Fence & Medications

Observations/Corrections needed:

no violations

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: _____
(OEC Representative)

Print Name: Kristi Morgan

Signature: _____
(Person in Charge)

Print Name: Tara Kennedy