

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Twinkle Little Star Learning Ctr. Date: 9/20/20 Time: 12:15

Location Address: 190 White St. Danbury Telephone #: 203 205-7840

e-mail address: twinklelittlestarschool@gmail.com License #: 70453 Expiration Date: 9/30/22

Capacity: 124/64 # of Children Present: 95 # of Staff Present: 20+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection

Observations/Corrections needed:

(NS) 19a-79-4a(c)(6) Staffing, ratios at nap
Proper ratios observed during this visit.

(NS) 19a-79-10(g) Under three endorsement, sleep arrangements
Observed safe sleep arrangements at this visit.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Maruska Leite
(Person in Charge)

Print Name: Maruska Leite