

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Preschool Date: 9/27/21 Time: 11:00

Location Address: 141 Greenwood Ave Bethel Telephone #: 203-743-9497

e-mail address: snabx12@gmail.com License #: 12188 Expiration Date: 11/30/24

Capacity: 79/14 # of Children Present: 19 # of Staff Present: 4

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 _____
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Purpose of visit: Follow up to full inspection on 8/24/21

Observations/Corrections needed:

111 > observed a group of 11 children 4 toddlers - 11:2
112 > on playground 7 preschoolers + 8:2
4 toddlers (under 3) with air physical barrier.

27 - education consultant not observed.

Discussed:

- 1 expired topic form.

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: 10/11/21

Signature: [Signature]

Print Name: Kim Mason
(OEC Representative)

Signature: [Signature]

Print Name: KATHLEEN A. LEINER
(Person in Charge)