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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carol Schoene Early Learning Ctr Date: 11-22-21 Time: 11:20am

Location Address: 14 Coleytown Rd Westport Telephone #: 203-227-1656

e-mail address: nisaacs@westport.org License #: 13248 Expiration Date: 3-31-22

Capacity: 106 # of Children Present: 74 # of Staff Present: 25

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*** NA

Purpose of visit: Follow-up on ratio which was cited on 11-18-21

Observations/Corrections needed:

ratio is in compliance at this inspection.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature: Nancy Isaacs
(Person in Charge)
Print Name: Nancy Isaacs