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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Preschool of Westport Date: 12.16.21 Time: 10am

Location Address: 15 Burr Rd Westport Telephone #: 203-226-1277

e-mail address: tw.Pumpkinpreschool.com License #: 14508 Expiration Date: 7-31-25

Capacity: 111/56 # of Children Present: 76 # of Staff Present: 20

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 to violation #130 which was cited on 11-29-21

Observations/Corrections needed:

130- OK at inspection today

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: ~~Cathy Montesano~~ Lori Mangano

Signature: _____
(Person in Charge)
Print Name: Tina Mitchell