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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carol Schacke Early Learning Center Date: 1-25-22 Time: 9:50am

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: 86 # of Staff Present: 22

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: Partial on ratio which was cited on 11-18-21

Observations/Corrections needed:

Program is in compliance with ratio 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