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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Green Preschool Date: 1/26/22 Time: 12.40

Location Address: 15 Hartford Rd, Brooklyn Telephone #: 860-774-3439

e-mail address: villagegreenpreschool15@gmail.com License #: 12472 Expiration Date: 2/28/25

Capacity: 30 # of Children Present: 6 # of Staff Present: 2

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***

Purpose of visit: Follow up to full inspection

Observations/Corrections needed:

Partial inspection to observe compliance with ratios. Discussed with staff no violations/ compliant.

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: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Deana Labelle
(Person in Charge)

Print Name: Deana Labelle