

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carousel Preschool Date: 1/20/22 Time: 12:00

Location Address: 23 France St. NORTON Telephone #: 203 847 1276

e-mail address: Carousel1276@gmail.com License #: 13947 Expiration Date: 3/31/25

Capacity: 124/104 # of Children Present: 106 # of Staff Present: 22

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
	Provider/Applicant/Substitute's Signature <u>N/A</u>

Purpose of visit: Partial inspection for case 2021-555

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - No violations at this visit.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Tara Abate