

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Day School Date: 2-18-22 Time: 12⁰⁵ pm

Location Address: 449 Pemberwick Road Greenwich Telephone #: 203-532-1190

e-mail address: Kcalabrese@childrensdayschool.net License #: 16399 Expiration Date: 2-28-26

Capacity: 61/32 # of Children Present: 41 # of Staff Present: 14

**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 2/17/22 inspection (safe sleep)

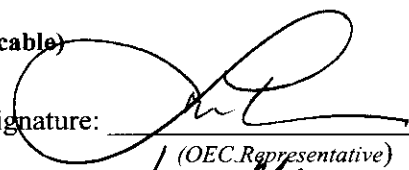

Observations/Corrections needed:

127- OK at inspection
129- OK at 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: NIA

Signature: 
Print Name: Lori Mangano (OEC Representative)
Signature: 
Print Name: Katherine M. Calabrese (Person in Charge)