

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Pre-School Date: 3/1/22 Time: 1:30

Location Address: 141 Greenwood Ave. Bethel Telephone #: 203-743-9497

e-mail address: Sndbx12@gmail.com License #: 12188 Expiration Date: 11/30/24

Capacity: 79/110 # of Children Present: 23 # of Staff Present: 5(1)

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

Purpose of visit: 3 month partial

Observations/Corrections needed:

ratio, group size + physical barrier in compliance

19a-79-10(g)(4)

#129 - observed infant sleeping in a car seat

19a-79-10(g)(3)

#130 - observed infant sleeping with a foot
toy & blanket.

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: 3/11/22

Signature: [Signature]
(OEC Representative)

Print Name: Knish Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Patricia Withers