

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Preschool of Westport Date: 3-7-22 Time: 9:05am

Location Address: 15 Burr Road Westport Telephone #: 203-6226-1277

e-mail address: TW.PumpkinPreschool.com License #: 14508 Expiration Date: 7-31-25

Capacity: 111 # of Children Present: 72 # of Staff Present: 18

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 inspection on violation #130 that was cited on 11-29-21

Observations/Corrections needed:

#130 - in compliance at this time
19a-79-10 (c) (2)
T4 - Observed 1 staff with 7 under 3's

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: 3/21/22

Signature: Cathy Andersen
(OEC Representative)

Print Name: Cathy Andersen

Signature: Tim Weller
(Person in Charge)

Print Name: Tim Weller