

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Pre-School Date: 3/8/22 Time: 1:00

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

e-mail address: snobx12@gmail.com License #: 12188 Expiration Date: 11/30/24

Capacity: 79/16 # of Children Present: 23 # of Staff Present: 5

| | |
|--|---|
| Consent to Inspect Family Child Care Home | <i>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 _____</i> |
|--|---|

Purpose of visit: follow up ~~on~~ on safe sleep.

Observations/Corrections needed:

In compliance 8:1

7:2

8:2

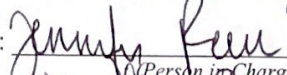
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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: 
(OEC Representative)

Print Name: Kristin Magan

Signature: 
(Person in Charge)

Print Name: Jennifer Kleeve