☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Preschool of Westport Date: 3-10-22 Time: 1:30pm

Location Address: 15 Burr Rd Westport Telephone #: 203-226-7277

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

Capacity: 111 # of Children Present: 81 # of Staff Present: 21

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 on 19a-79-10 (c)(2) (retro) which was cited on 3-7-22

Observations/Corrections needed:

Program is in compliance at this time.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature: Nina Wagner
(Person in Charge)
Print Name: Nina Wagner