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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: International Preschool at the enchanted garden Date: 3/23/22 Time: 9:15

Location Address: 165 Danbury Rd. Ridgefield Telephone #: 203-313-4398

e-mail address: ghirtman@shcglobal.net License #: 70130 Expiration Date: 8/31/25

Capacity: 14 # of Children Present: 12 # of Staff Present: 2

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 ratio

Observations/Corrections needed:

in compliance

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: Kristi Morgan

Signature: Marcia Needleman *(Person in Charge)*

Print Name: Marcia Needleman