

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Day School Date: 3/23/22 Time: 10:00 AM

Location Address: 8 Riverside Ave. Greenwich Telephone #: 203 637 1122

e-mail address: cadames@childrensday.school.net License #: 15772 Expiration Date: 8/31/22

Capacity: 112/50 # of Children Present: 89 # of Staff Present: 23+

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 <u>N/A</u>
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Purpose of visit: Follow-up case 2022-74

Observations/Corrections needed:

NS 19a-79-4a(c)(+)(D) - staffing - supervision - walk through
conducted. No violations.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Katherine M. Calabrese