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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Generali School of Literature + the Arts Date: 9-25-22 Time: 10

Location Address: 1625 Straits Tpke., middlebury Telephone #: 203-577-6900

e-mail address: literature@sbcglobal.net License #: 16516 Expiration Date: 9-30-22

Capacity: 78 # of Children Present: 63 # of Staff Present: 17

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: 3 month partial for case # 2021-846

Observations/Corrections needed:

NS 19a-79-4e(c)(4)(D) observed proper supervision and ratios in all classrooms and outside

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: _____

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: _____ *(Person in Charge)*

Print Name: Jessica Langenbach