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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Day School Date: 5.3.22 Time: 1230pm

Location Address: 449 Pemberwick Rd Greenwich Telephone #: 203.532.1190

e-mail address: Kcalabrese@childrensdayschool.net License #: 16399 Expiration Date: 2.28.26

Capacity: 61/32 # of Children Present: 32 # of Staff Present: 12

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: Partial inspection to 2.17.22 inspection (safe sleep)

Observations/Corrections needed:

127- OK at inspection

129- OK at inspection

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: Lori Mangano

Signature: Kathleen M. Calabrese *(Person in Charge)*

Print Name: Kathleen M. Calabrese