

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Preschool of Westport Date: 5-6-22 Time: 1:45pm

Location Address: 15 Burr Road Westport Telephone #: 203-226-1277

e-mail address: tw.pumpkinpreschool.com License #: 14508 Expiration Date: 7-31-25

Capacity: 111 # of Children Present: 100 # of Staff Present: 18 ⁽¹²⁾

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Partial inspection to 3-7-22 inspection on ratio

Observations/Corrections needed:

ratio. 19a-79-10(c)(2) - 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: [Signature]
(OEC Representative)

Print Name: Lori Mangano

Signature: [Signature]
(Person in Charge)

Print Name: Lina Wachter