

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Earthplace Preschool Date: 5/10/22 Time: 1:45pm
Location Address: 10 Woodside Lane Westport, Ct 06880 Telephone #: (203) 557-4402
e-mail address: a.borys@earthplace.org License #: 12756 Expiration Date: 5.31.25
Capacity: 131 # of Children Present: 24 # of Staff Present: 12

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Safe Sleep Partial

Observations/Corrections needed:

No Violations

Dismissed:
Infant room very dark, staff uncovered window shade to have visibility in room. Staff reported their eyes are adjusted and can see.

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: T. Roberts
(OEC Representative)
Print Name: Terri K Roberts
Signature: A. Borys
(Person in Charge)
Print Name: Amee Borys