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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Francis of Assisi Preschool Date: 6.2.22 Time: 11-

Location Address: 35 Norfield Road Weston Telephone #: 203.454.8646

e-mail address: mkeith@sfapreschool.com License #: 15461 Expiration Date: 3.31.26

Capacity: 58/16 # of Children Present: 30 # of Staff Present: 10

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: Follow Up to 5.31.22 inspection on Group Size #111

Observations/Corrections needed:

#111 Group Size - 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: _____ *(Person in Charge)*

Print Name: Marianne Keith