

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Pre-School Date: 6/8/22 Time: 1:00
Location Address: 141 Greenwood Ave Bethel Telephone #: 203-743-9497
e-mail address: Sndbx12@gmail.com License #: 12188 Expiration Date: 11/30/24
Capacity: 79/114 # of Children Present: 22 # of Staff Present: 5(1)

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 _____
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Purpose of visit: 3 month partial

Observations/Corrections needed:

<u>Safe sleep</u>	<u>9:1</u>
<u>ratio</u>	<u>6:2</u>
<u>group size</u>	<u>7:2</u>

all in compliance today.

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: Kimi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: R. Weinzler