

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hudson Country Day School Date: 6/20/22 Time: 2:30  
Location Address: 44A Shelter Rock Rd Danbury Telephone #: 203-744-8088  
e-mail address: megin@hudsoncountry.org License #: 1431K Expiration Date: 1/31/26  
Capacity: 212/50 # of Children Present: 103 # of Staff Present: 21 (3)

**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: follow up on safe sleep

Observations/Corrections needed:

in compliance 3:1  
4:1  
discussed: 6:2  
licensing inspection not posted. 11:2  
8:2  
7:2  
7:2  
10:3  
8:1  
9:1  
12:2  
8:2

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: Kim Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Carmela DiBlasi