

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: K'hanim Nursery School Date: 7/1/22 Time: 10am

Location Address: 1200 Fairfield Woods Road Fairfield, CT 06825 Telephone #: (203) 374-5544

e-mail address: KWedtke@bethfairfield.org License #: 16435 Expiration Date: 1-31-26

Capacity: 39 # of Children Present: 23 # of Staff Present: 5

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: Partial

Observations/Corrections needed:

S = 19a.79-4a(c)(4)(B) observed ratio of 1:7 mixed age with 1 child who's date of birth is 11.6.19 and is 31 months old.

Discussed: Observed 1 wading pool used for sensory activity and not wading. Director emptied at time of visit

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: 7.15.22

Signature: Tom R Roberts
(OEC Representative)

Print Name: Tom R Roberts

Signature: Kate Wedtke
(Person in Charge)

Print Name: Kate Wedtke