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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedar Gables Preschool Date: 7/12/22 Time: 10:00

Location Address: 187 Clapboard Ridge Rd. Danbury Telephone #: 203-743-9654

e-mail address: tara@cedargablespreschool.com License #: 15460 Expiration Date: 5/31/24

Capacity: 50/16 # of Children Present: 42 # of Staff Present: 8(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*** _____

Purpose of visit: follow up to full inspection on 6/28/22

Observations/Corrections needed:

In Compliance

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: Kristin Morgan

Signature: _____ (Person in Charge)

Print Name: Tara Kennedy