

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holy Cross Christian Preschool Date: 7/29/22 Time: —

Location Address: 5995 Main St. Trumbull, Ct. 06611 Telephone #: (203) 268-6471

e-mail address: preschool@holycross-trumbull-conn License #: 13095 Expiration Date: _____

Capacity: 43 # of Children Present: — # of Staff Present: —

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: Addendum to report dated 7/29/22

Observations/Corrections needed:

Follow up to fence in dis repair at pond - corrected as
observed at this 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: N/A

Signature: Terr K Roberts
(OEC Representative)

Print Name: Terr K Roberts

Signature: Sent via email to preschool@
(Person in Charge)

Print Name: holycross-trumbull-conn on
7-29-22

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holy Cross Christian Preschool Date: 8/15/22 Time: —
Location Address: 5995 Main St. Trumbull, CT 06611 Telephone #: (203) 268-6471
e-mail address: preschool@holycross-trumbull.com License #: 13095 Expiration Date: 3-31-26
Capacity: 43 # of Children Present: — # of Staff Present: —

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: Addendum to report dated 7-27-22

Observations/Corrections needed:

Removal of violation # 23, director hired in 1997
and is exempt from this requirement

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]
Print Name: Terri K Roberts
(OEC Representative)

Signature: mailed to preschool@holycross
Print Name: trumbull.com on 8-15-22
(Person in Charge)