

Initial Unannounced Full/Partial ^{2nd} Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Little Gan Date: 9-7-22 Time: 9am

Location Address: 79 Newtown Rd Westport Telephone #: 203-226-8584

e-mail address: dina@littlegan.com License #: Pending Expiration Date: Pending

Capacity: 35 # of Children Present: 0 # of Staff Present: 5

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 NA

Purpose of visit: Follow up on these violations cited on 9-1-22

Observations/Corrections needed:

- 78 - ✓
- 93 - ✓
- 112 - ✓
- 119 - ✓
- 45 - ✓

✓ = in compliance at this time

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson
Signature: NA
(Person in Charge)
Print Name: Dina Kantor