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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Garden - Fairfield Date: 9/2/22 Time: 11:50am

Location Address: 100 Mona Terrace - Fairfield, CT. 06824 Telephone #: (203) 259-1327

e-mail address: acgpreschool@aol.com License #: 13444 Expiration Date: 6.30.26

Capacity: 168 # of Children Present: 70 # of Staff Present: 19

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: Safe Sleep follow-up

Observations/Corrections needed:

No Violations 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.

Signature: R R Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____
(Person in Charge)