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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Putnam Preschool and Childcare Date: 10/5/22 Time: 9:05

Location Address: 176 Providence Pike Putnam, CT 06260 Telephone #: 860 963-2587

e-mail address: putnampreschool@yahoo.com License #: 70302 Expiration Date: 6/30/2024

Capacity: 35 (u3 14 1443) # of Children Present: 21 # of Staff Present: 6

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*** N/A

Purpose of visit: Follow up ratio

Observations/Corrections needed:

Observed compliance with ratio regulations at the time of the 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: Stephanie Rio
(OEC Representative)

Print Name: Stephanie Rio

Signature: Karen Murren
(Person in Charge)

Print Name: Karen Murren