

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pot-A-Cake Preschool Date: 10-25-20 Time: 1:30 PM

Location Address: 40 Goldst Greenwich Telephone #: 203-531-6550

e-mail address: potacakecc@gmail.com License #: 16333 Expiration Date: 2-28-25

Capacity: 50 # of Children Present: 46 # of Staff Present: 9

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 <u>NA</u>
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Purpose of visit: Follow up on these 2 violations that were cited 10-20-20

Observations/Corrections needed: ✓ = in compliance at this inspection

18b - ✓

19a-79-3a(ca) - ✓

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: _____

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Albina Hasanjevic
(Person in Charge)

Print Name: Albina Hasanjevic