

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ST Paul Christian School      Date: 11-14-22 Time: 12<sup>pm</sup>

Location Address: 41 Easton Rd Westport      Telephone #: 203-227-7920

e-mail address: School@STPaulWestport      License #: 12481      Expiration Date: 3-31-25

Capacity: 96      # of Children Present: 59      # of Staff Present: 16

**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 that were cited on 11-10-22

Observations/Corrections needed:

111 - ✓  
112 - ✓

✓ = in compliance at this inspection

**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 Clark  
(OEC Representative)  
Print Name: Cathy Anderson  
Signature: Pam Wirth  
(Person in Charge)  
Print Name: Pam Wirth