

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Paul Christian School Date: 13.23 Time: 12:45 am

Location Address: 41 Easton Rd Westport Telephone #: 203.227.7920

e-mail address: SCHOOL@STPAULWESTPORT.ORG License #: 12487 Expiration Date: 3.31.25

Capacity: 96 # of Children Present: 42 # of Staff Present: 14

**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: Partial to 11.10.22 inspection (Group Size/Physical barriers)

Observations/Corrections needed:

11- Group Size - OK at inspection

12- Physical barriers - OK at 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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lori Mangano

Signature: [Signature]
(Person in Charge)

Print Name: Donna Guerrero