

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Green Nursery School Date: 1/24/23 Time: 9:30 AM

Location Address: 37 Main St. Southington Telephone #: 860 628 6958 x113

e-mail address: vgns@fccsouthington.org License #: 15325 Expiration Date: 6/30/25

Capacity: 35 # of Children Present: 28 # of Staff Present: 6

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Partial for

Observations/Corrections needed:

NS 199-79-4a(c)(4)(D) - Staffing - Supervision. - No violations

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: Lauren Hill  
Signature: [Signature]  
(Person in Charge)  
Print Name: Michelle Beary