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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Thomas Marie Happiness Preschool Date: 1/30/23 Time: 11:50 am

Location Address: 374 Middlesex Rd Darien Telephone #: 203.655.6063

e-mail address: majsoliveira@aol.com License #: 13246 Expiration Date: 10.31.25

Capacity: 104/8 # of Children Present: 59 # of Staff Present: 12

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: Follow Up to 1.19.23 inspection (Ratio)

Observations/Corrections needed:

#21 Ratio - 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.

Signature: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____ *(Person in Charge)*