

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: United Methodist Preschool Date: 2/9/23 Time: 11am
Location Address: 165 South Avenue New Canaan, Ct. 06840 Telephone #: (203) 966-3176
e-mail address: mnskids34@aol.com License #: 12378 Expiration Date: 12-31-24
Capacity: 68 # of Children Present: 45 # of Staff Present: 10

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 - Ratio

Observations/Corrections needed:

No violations at this visit

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: J.R. Roberts / Terri R. Roberts
(OEC Representative)
Signature: Carol Hammond
(Person in Charge)
CAROL HAMMOND