

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: St Thomas More Happiness Preschool Date: 4.4.23 Time: 9:20am

Location Address: 374 Middlesex Rd Danen Telephone #: 203.655.6053

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

Capacity: 104/8 # of Children Present: 62 # 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: Partial inspection to 1.19.23 inspection (Ratio)

Observations/Corrections needed:  
#21 Ratio - Compliant today.

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: Tom Mangano  
Signature: [Signature]  
(Person in Charge)  
Print Name: Geraldine Flynn