

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Harbor Light Preschool Academy Date: 3/24/23 Time: 10:50am
Location Address: 4670 Congress St. Fairfield, Ct. 06824 Telephone #: (203) 319-8276
e-mail address: preschool@harborlightfoundation.org License #: 70352 Expiration Date: 3/31/25
Capacity: 96 # of Children Present: 80 # of Staff Present: 17

Consent to Inspect *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.*
Family Child Care Home *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: [Signature]
(OEC Representative)
Print Name: Jenni R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Dara LaBash