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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grasshopper Green Preschool Date: 5/3/23 Time: 11:10am

Location Address: 1 Sterling City Rd Lyme 06371 Telephone #: 860-434-1844

e-mail address: grasshoppergreenprek@gmail.com License #: 16403 Expiration Date: 2/28/26

Capacity: 21 # of Children Present: 15 # of Staff Present: 2

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*** NA

Purpose of visit: follow up to 3/10/23 inspection

Observations/Corrections needed:

#93 - fence observed not to be at 48 inches at gate and one section by tree next to gate (42" and 48 inches)

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: 5/17/23

Signature: _____ *(Person in Charge)*

Print: Tina P. Santiago