

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedar Gables Preschool Date: 5/24/23 Time: 8:30

Location Address: 187 Clapham Road Telephone #: 203-743-9654

e-mail address: tara@cedargablespreschool.com License #: 15460 Expiration Date: 5/31/26

Capacity: 50/116 # of Children Present: 30 # of Staff Present: 7

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up on ratio + group size
Approval of new playground surfacing.

Observations/Corrections needed:

in compliance 4:2

Under 3's playground surfacing inspected + 5:2

Approved for use today - Send Change form. 9:2

playground will not have any climbing equipment. 10:1

If playground equipment is used, documentation regarding

fall height & surfacing will be needed prior to use of

equipment.

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: K. Morgan
(OEC Representative)
Print Name: Kristi Morgan

Signature: Jennifer Newell
(Person in Charge)
Print Name: Jennifer Newell