

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Neighborhood Preschool Date: 6/12/23 Time: 8:34

Location Address: 60 Long Lane, Middletown Telephone #: 860-685-3710

e-mail address: nps@wesleyan.edu License #: 13071 Expiration Date: 2-28-26

Capacity: 64/26 # of Children Present: 25 # of Staff Present: 11

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 _____
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Purpose of visit: Follow-up to Inspection dated 6-1-23

Observations/Corrections needed:

OK #52 - ventilation - observed all doors to the outside to be closed. Staff report doors remain closed while in operation

OK #85 pools: no pools present at time of inspection. Staff report pool has been removed.

OK #110 under 3 ratio - observed 4 under 3 classes to a 4 be in ratio with 1:4 ratio

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: na

Signature: Jennifer Serra
(OEC Representative)
Print Name: Jen Serra

Signature: Suzanne Donnellus
(Person in Charge)
Print Name: Suzanne Donnellus