

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Time Nursery School Date: 7-13-23 Time: 12:45pm
Location Address: 260 New Canaan Ave Norwalk Telephone #: 203-847-5623
e-mail address: happytime.nursery@yahoo.com License #: 16462 Expiration Date: 3-31-25
Capacity: 85 # of Children Present: 26 # 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 <u>NA</u>
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Purpose of visit: Follow up to Partial inspection on 6-30-23 on these violations

Observations/Corrections needed:

111 - (Group size) - ✓

112 - (Physical barriers) - ✓

✓ = in compliance at this inspection

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: Cathy Adams
(OEC Representative)
Print Name: Cathy Adams
Signature: Carol Hernandez
(Person in Charge)
Print Name: Carol Hernandez