

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Harbor Light Preschool Academy Date: 7/11/23 Time: 11am
Location Address: 4670 Congress St. Fairfield, Ct. 06424 Telephone #: (203) 319-8276
e-mail address: preschool@harborlightfoundation.org License #: 70352 Expiration Date: 3.31.25
Capacity: 96 # of Children Present: 62 # of Staff Present: 13

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: Ratio Partial

Observations/Corrections needed:

S = 19a-79-7a (b)(1) Plans for new outdoor space for under 3's yrs
(b)(3) not submitted to the department
↳ Approval by the department not received prior to the use of the new outdoor space for children under 3.

S = 19a-79-7a (i) Observed large inflatable slide with ^{water} collected at bottom. Not used with children under age 3 per head teacher.

Ratio's in compliance at this visit

Written protocol incomplete for volunteers 13-15 years old, program will revise and send w/ corrective action plan.

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: R. Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/25/23

Signature: [Signature]
(Person in Charge)