

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Canaan Nature Center Preschool Date: 10/11/23 Time: 9:15 AM
Location Address: 144 Denoke Ridge New Canaan, CT 06840 Telephone #: (203) 966-9577
e-mail address: azielunski@newcanaannature.org License #: 13257 Expiration Date: 2-28-25
Capacity: 63 # of Children Present: 43 (10) # of Staff Present: 8

**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 _____

Purpose of visit: Follow Up - Ratio

Observations/Corrections needed:

21 - Observed 1:13 when second teacher was in the coat room washing a child's hands.

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: 10-25-23

Signature: A. K Roberts
(OEC Representative)
Print Name: Terrin K Roberts
Signature: Azraelunski