

**Connecticut Office of Early Childhood
Division of Licensing**
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chabad Gan of Greenwich Date: 11-13-23 Time: 9:55am
 Location Address: 75 Mason St Greenwich Telephone #: 203-864-5486
 e-mail address: Finkel3@optonline.net License #: 15914 Expiration Date: 2-28-26
 Capacity: 39 # of Children Present: 31 # of Staff Present: 10

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|--|--|
| 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> |
|--|--|

Purpose of visit: Follow up on Group Size and Barriers which was cited on 11-6-23

Observations/Corrections needed: ✓ in compliance at this inspection

#111 (Group size) - ✓

#112 (Barriers) - ✓

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: Cathy Anderson
(OEC Representative)

Signature: Greta Finkelstein
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Greta Finkelstein