

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Handprints Preschool Date: 12/13/23 Time: 10:26am  
Location Address: 81 Clintonville Rd Clinton Telephone #: 203-234-1899  
e-mail address: handprintnorthhaven@gmail.com License #: 16739 Expiration Date: 9/30/26  
Capacity: 37 # of Children Present: 25 # of Staff Present: 7

**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 NA

Purpose of visit: follow up to inspection dated 10/13/23

Observations/Corrections needed:

- ✓ 16- staff physicals in compliance at this visit
- ✓ 42- kitchen separated at this visit. In compliance
- ✓ 76- cleaners locked at this visit in compliance
- Ø 74- lighting under 50 candle foot at tables in toddlers, Toddler 2 and preschool range with additional chargeable portable light ranges from 29.64 (tod2) to 46 (Preschool)

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: 12/27/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Fi Montanye  
Signature: [Signature]  
(Person in Charge)  
Print Name: Carol Ann Santos