

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: The Little Garden Date: 2-24-24 Time: _____

Location Address: 329 Witan Road Westport Telephone #: 203-226-8584

e-mail address: Office@chubsdotwestport.com License #: 70755 Expiration Date: 8-31-27

Capacity: 27 # of Children Present: NA # of Staff Present: NA

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature: <u>NA</u>
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Purpose of visit: _____

Observations/Corrections needed:

19a-79-7a(17)(B) - Program has 2 radon test with elevated results.
(Contact local health to come up with how to proceed for compliance)

OEC was notified by DPIT radon department that they received 2
radon test from this program that were elevated. The 2 test
were 4.1 and 5.2. The test that the OEC received was 2.2.
The 3 test were all done on the same day.

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 Allen
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3-14-24

Signature: Sent through email
(Person in Charge)