

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Day School of Wilton Date: 5/24/24 Time: 9:40am
Location Address: 111 Ridgefield Rd. Wilton 06897 Telephone #: (203) 762-8001
e-mail address: office@cdsw.org License #: 15135 Expiration Date: 11-30-24
Capacity: 92 # of Children Present: 64 # of Staff Present: 16

**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: Unannounced Ratio Partial

Observations/Corrections needed:

NS = 19a-79-10(c)(2) Under three ratio
S = 18b - observed 2 high school interns providing direct care who did not submit a background check

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: 6/7/24

Signature: [Signature]
(OEC Representative)
Print Name: Keri R Roberts
Signature: [Signature]