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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Chabad Gan of Greenwich Date: 3-2-25 Time: 9:40am

Location Address: 75 Mason St Greenwich Telephone #: 203-864-5486

e-mail address: greta@chabadgreenwich.org License #: 15914 Expiration Date: 2-28-26

Capacity: 52/12 U3-5 # of Children Present: 30/9 U3-5 # of Staff Present: 12

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*** NA

Purpose of visit: monitor Supervision which was cited on 1-6-2025

Observations/Corrections needed:

Program is in compliance with Supervision at this inspection.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature:
(Person in Charge)
Print Name: Greta Engelstein