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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cedargables Preschool Date: 4/3/24 Time: 1:40

Location Address: 15 Barnum Rd. Danbury Telephone #: _____

e-mail address: _____ License #: 13695 Expiration Date: 8/31/25

Capacity: 37/14 # of Children Present: 29/15 # of Staff Present: 8

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: follow up on Safe sleep + fencing

Observations/Corrections needed:

14:3
7:2 In compliance today
8:3

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: n/a

Signature: _____ *(OEC Representative)*

Print Name: Karen Morgan

Signature: _____ *(Person in Charge)*

Print Name: Lara Kennedy