

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ivy Tree Preschool Date: 4/22/25 Time: 9:15

Location Address: 11 Arumman Hill Rd. Wilton Telephone #: 203-563-9360

e-mail address: Meghanm@thecenteraba.com License #: 70676 Expiration Date: 11/30/24

Capacity: 40 # of Children Present: 14/8 # 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 step + medications

Observations/Corrections needed:

19a-79-5a (a)(2)(E) - 1 individual care plan not signed by parent. 4:3
4:1
5:2

19a-79-9a (b)(5)(A-B) - 1 inhaler not in original container - no prescription label 9:2

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: 5/6/25

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Meghan Murtough