

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: DPS readiness program 2 Date: 5/21/25 Time: 8:45
Location Address: 49 Osborne St. Danbury Telephone #: 203-470-0229
e-mail address: northi@danbury.k12.ct.us License #: 70683 Expiration Date: 12/31/26
Capacity: 60 # of Children Present: 55 # of Staff Present: 4

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature*

Purpose of visit: follow up on ratio

Observations/Corrections needed:
in compliance 18:2
19:2
18:2

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: NIA

Signature: [Signature]
(OEC Representative)
Print Name: Kim Morgan
Signature: [Signature]
(Person in Charge)
Print Name: T Northcutt