

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Village Preschool Date: 4/27/25 Time: 12:00

Location Address: 141 Greenwood Ave Bethel Telephone #: 203 743-9497

e-mail address: sandbox12@gmail.com License #: 12188 Expiration Date: 11/30/28

Capacity: 79 # of Children Present: 23 # of Staff Present: 4

**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 - Safe Sleep

Observations/Corrections needed:

program in compliance for safe sleep. Swaddle was not brought back to center. Infant now sleeping in sleep sack. Updated policy posted and staff aware - must have doctor's note for swaddle in future. Policy added to handbook  
- also observed fence now at 4 feet.

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: Jaime Fortin

Print Name: Jaime Fortin  
(OEC Representative)

Signature: [Signature]

Print Name: [Signature]  
(Person in Charge)