

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Earthplace Preschool Date: 8/6/25 Time: 11:50

Location Address: 10 Woodside Lane Westport Telephone #: 203 557-4400

e-mail address: preschooldirector@earthplace.org License #: 12756 Expiration Date: 5/31/29

Capacity: 123/26 # of Children Present: 69/13 # of Staff Present: 37

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Investigation 2025- 833

Observations/Corrections needed:

(S) 19a-79-3a(d)(2)(A) Implement program positive guidance policy - regulation not met when staff moved child's face towards hers and yelled at child in his face using a loud/aggressive tone.

(NS) 19a-79-4a(a)(2) Professional development/staff training on policies - observed evidence of staff trained on program policies.

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: 8/20/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Amee Borys
(Person in Charge)

Print Name: Amee Borys