

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ivy Tree Preschool Date: 9/1/25 Time: 11:35 AM

Location Address: 11 Crumman Hill Rd. Wilton, CT. Telephone #: 203-563-9360

e-mail address: meganm@thecedaraba.com License #: 70620 Expiration Date: 11/30/26

Capacity: 40/1603 # of Children Present: 21/203 # of Staff Present: 14

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection for safe sleep

Observations/Corrections needed:

observed no safe sleep violations
#119(c)(3)+#120(c)(4): observed 12 children ages 4 months-2yrs old
outside ~~at~~ on playground with 5 staff without physical barriers
between groups of 8 children and more than 8 children in a
group of mixed ages

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: 9/18/25

Signature: [Signature]
(OEC Representative)

Print Name: BRIDGET MURTOUGH

Signature: [Signature]
(Person in Charge)

Print Name: Meghan Murtough