

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Garden ^{Day Care} and Preschool Date: 5.20.26 Time: 9:30am

Location Address: 250 Country Club Road Telephone #: 203-574-4981

e-mail address: countrygardenumc@yahoo.com License #: 11712 Expiration Date: 6/30/30

Capacity: _____ # of Children Present: 48 # of Staff Present: 12

**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 N/A*

Purpose of visit: Reduce total capacity | shifted divider in big Room

Observations/Corrections needed:

Room 1

$20.4 \times 18.89 - (1.99 \times 13.3) = 357.05 / 30 = 11.90$ Program request to cap at 10

Toddlers

OK 10

Room 2 - OK 8

Room # 4/5

$31.15 \times 19.03 = 592.78 / 30 = 19.75$ Program request to cap at 15

Toddlers

OK 15

Room 6 - OK 8

Room 7

$15.37 \times 19.20 = 295.10 / 30 = 9.83$ OK 9

Big Room

OK 20

Program request to cap at 20

$37.71 \times 25.63 = 966.50 / 30 = 32.21$

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: Betty Mayer

(OEC Representative)

Print Name: Betty Mayer

Signature: Deborah Hall

(Person in Charge)

Print Name: Deborah Hall

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Country Garden and Day Care Preschool License # 11712 Date: 5.20.26

Observations/Corrections needed:

School-Age

21.90 x 37.49 = 821.03 = 27.36 Program request to cap at 15

OK 15

* Program Grandfathered in to 30 square feet

Updated license capacity
85 with 16 under 3

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: N/A

Signature: Deborah Platt
(Person in Charge)
Print Name: Deborah Platt