☐ Initial ☒ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mecca Marlborough Elem. Child Care Date: 8-23-21 Time: 8:15 am

Location Address: 25 School Dr. Marlborough Telephone #: 860-295-9400

e-mail address: meccachildren@gmail.com License #: 12334 Expiration Date: 3-21-25

Capacity: 82 # of Children Present: 22 # of Staff Present: 2

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*** NA

Purpose of visit: Partial due to rooms being waxed at school

Observations/Corrections needed:

19a-79-4a- Ratio

Upon arrival there was two staff with 22 children. A third staff arrived before 9:00 am. Plan was implemented to remain in ratio throughout the day.

Upon exiting there are four staff with 29 children.

Will return for full inspection.

Discussed: Gov. new executive order effective Sept. 27 regarding staff being vaccinated or negative test weekly.

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: 9-6-21

Signature: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

Signature: Rachelle A. Murphy
(Person in Charge)
Print Name: Rachelle A. Murphy