

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Osporn Hill Child Care Date: 9/3/21 Time: 1:10 pm
Location Address: 760 Stillson Rd Fairfield, Ct. 06824 Telephone #: (203) 459-9700
e-mail address: j.silkoff@eastorce-wm License #: Pending Expiration Date: Pending
Capacity: Pending # of Children Present: 0 # of Staff Present: 1

**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 to inspection dated 8-24-21

Observations/Corrections needed:

No violations at this visit

- #6 - in compliance
- #10 - in compliance
- #13 - in compliance (previously documented as #12 on 8-24-21 report)
- #39 - in compliance
- #44 - in compliance
- #45 - in compliance as stall and library will not be used until repaired, program to notify OEC when repaired PRIOR to use
- #73 - in compliance
- #80 - in compliance
- #95 - in compliance
- #96 - in compliance
- #144 - in compliance

Discussed - Policy checklist with minimal items missing or needing revision. Program will complete and update.

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: [Signature]
Print Name: Jenni K Roberts
(OEC Representative)
Signature: [Signature]
Print Name: Emily Regan
(Person in Charge)