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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kordas Korner Preschool Date: 9/2/21 Time: 10:15

Location Address: 9 Covey Rd, Burlington Telephone #: (860) 673-4944

e-mail address: sheila@kordaskorner.com License #: 70014 Expiration Date: 8/31/23

Capacity: 64 # of Children Present: 31 # of Staff Present: 6

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: Follow-up to 7/27/21

Observations/Corrections needed:

(1.) Local health inspection: not observed current

7. Attendance: OK✓

9. Fire marshal certificate: OK✓

12 menus: OK✓

16. staff physicals: OK✓

26. consultant contracts: OK✓

27. consultant logs: OK✓

(32) Enrollment: Not all child start dates observed recorded

37. child physicals: OK✓

38. care plans: OK✓

45 licensed premise: OK✓

76. hazardous substances: OK✓

Discussed: must come into compliance with under-3 transition permission immediately

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: 9/16/21

Signature: Erin Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: _____
(Person in Charge)

Print Name: Sheila A. Kordas