

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Michelle Woodhall Date: 9/21/21 Time: 2:32pm

Location Address: 9 Maple Dr. Groton, CT 06340 Telephone #: 860 694-8806

e-mail address: mshell191483@aol.com License #: 56829 Expiration Date: 6/30/24

Capacity: 6+3 # of Children Present: 3 # 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: X Michelle Woodhall

Purpose of visit: Complaint Investigation Case 2021-652

Observations/Corrections needed:

Ⓟ 19a-87b-7(a) Members of the household

Ⓟ 19a-87b-9 (c) Requirements for the Physical Environment - Protection from Pets - Per Provider, on one occasion, a child care parent's child, ~~was~~ dog was boarded at the home for about five days. Provider failed to obtain a copy of the rabies certificate to maintain on file. Provider denied boarding any other animals.

Ⓟ 19a-87b-10(i) Responsibilities of the provider and substitute - Supervision

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: 10/5/2021

Signature: [Signature]

Print Name: Suzanne Pic  
(OEC Representative)

Signature: Michelle Woodhall

Print Name: Michelle Woodhall  
(Person in Charge)