

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carrier Academy of Learning Date: 9/27/21 Time: 12:00

Location Address: 740 Plainville Ave, Farmington Telephone #: 860 470-3736

e-mail address: farmingtonacademy@gmail.com License #: 70374 Expiration Date: 9/30/25

Capacity: 140/32 # of Children Present: 84 # of Staff Present: 17

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>nlg</u>
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Purpose of visit: Follow-up to 8/19/21

Observations/Corrections needed:

- 1. Local health inspection: OK ✓
- 23. Director training: pending. Director will enroll & notify OEC
- 26. consultant contract: OK ✓
- (38) care plans: 1 allergy care plan not observed
- 76. hazardous substances: OK ✓
- 80. CO Detector: OK ✓
- 102. medication authorizations: OK ✓
- 104. expired medications: OK ✓
- 140. unlabeled bottles: OK ✓
- (19a-79-3a(a)) observed 1 teaching staff feeding an infant without wearing a mask

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: 10/11/21

Signature: Eris Waight
(OEC Representative)

Print Name: Eris Waight

Signature: [Signature]
(Person in Charge)

Print Name: Sylvie Binette