

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Hartford Extended Experience - ^{Charter} Oak School Date: 10/4/21 Time: 3:00
Location Address: 425 Oakwood Ave, West Hartford Telephone #: (860) 929-5573
e-mail address: whelc0425@gmail.com License #: 12969 Expiration Date: 10/31/25
Capacity: 59 # of Children Present: 24 # of Staff Present: 4

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 <u>n/a</u>
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Purpose of visit: Follow-up to 9/9/21 inspection

Observations/Corrections needed:

- 3. Annual policy review: OK ✓
- 4. Behavior management discussed: OK ✓
- 7. Attendance: OK ✓
- 26. Health consultant contract: NOT observed on file.
- 27. consultant logs: OK ✓
- 38. care plans: 1 child's physical indicates child is asthmatic and child has no care plan
- 102. medication authorization: OK ✓
- 104. Expired medications: OK ✓
- 19a-79-4a (c)(4)(D): supervision - No concerns at this visit. Discussed scenarios with head teacher regarding ratio and 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.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/18/2021

Signature: Amanda Velletri
(Person in Charge) Amanda Velletri