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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Patch Child Care + Learning Ctr Date: 10-4-21 Time: 1

Location Address: 11 Kirby Rd., Cromwell Telephone #: 860-635-1809

e-mail address: ppatchcromwell@att.net License #: 12904 Expiration Date: 10-31-21

Capacity: 94 # of Children Present: 17 # 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*** _____

Purpose of visit: 3 month follow up for case # 2021-355

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - supervision

NS 19a-79-4a(c)(4) - ratios

observed proper supervision and ratios in all classrooms.

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: —

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: Debra Czlapinski *(Person in Charge)*

Print Name: Debra Czlapinski