

2021-691

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Star Cubes Child Development Center Date: 10/6/21 Time: 9am

Location Address: 169 Main St Meriden, CT 06451 Telephone #: 203-204-3838

e-mail address: Lana@star.cubes.cdc.com License #: 70237 Expiration Date: 6/30/25

Capacity: 80/32 # of Children Present: 36 # of Staff Present: 8

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint/investigative 2021-691

Observations/Corrections needed:

PC Lana Svetlana Fedorova - Director

(NS) 19a-79-5a(a) Administration - Health & Safety - Per director/staff, the program ensures the health and safety of the children at all times by adhering to their COVID and sick child policy.

(NS) 19a-79-5a(a)(3)(A) - Record Keeping - illness and accident report - OEC observed records of staff and children (parents) acknowledge the program's safety and health policy i.e. COVID + sick children policy.

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: n/a

Signature: Vaughn Williams
(OEC Representative)

Print Name: Vaughn Williams

Signature: Svetlana Fedorova
(Person in Charge)

Print Name: Svetlana Fedorova