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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Village Date: 10/14/21 Time: 12:00 PM

Location Address: 545 Bound Line Rd Wolcott Telephone #: 203 879 5300

e-mail address: Talhaht.Mannan57@gmail.com License #: 12811 Expiration Date: 6/30/25

Capacity: 93/38 # of Children Present: 76 # of Staff Present: 14

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*** N/A

Purpose of visit: Self-reported Incident Case 2021-734

Observations/Corrections needed:

(S) 19a-79-3a(a)- Administration - Ensuring the health, safety and development of children - During walk through, observed several children in each preschool classroom with no masks. Several staff with masks pulled below chin.

(P) 19a-79-3a(b)(8)(A)- Administration - Managing childrens behaviors - Pending further interviews.

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: _____ *(OEC Representative)*
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/28/21

Signature: _____ *(Person in Charge)*
Talhaht Mannan