

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Dev + Lng Ctr Date: 10/29/21 Time: 9:45 AM

Location Address: 308 Peck Ln. Orange Telephone #: 203 799 6300

e-mail address: hollyhillchildcare2010@gmail.com License #: 16790 Expiration Date: 4/30/22

Capacity: 112/72 # of Children Present: 43 # of Staff Present: 12

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: Complaint Investigation Case 2021765

Observations/Corrections needed:

⑤ 19a-79-3a(d) - Administration - Program policies - Program failed to follow their sick policy when they did not allow a sibling of a sick child to attend the program.

* Discussed with Director regarding conversations ^{with} regarding parents and the manner in which it was handled.

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: Lauren Hill
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/12/21

Signature: Deborah Fedorko
(Person in Charge)