

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Twinkle Little Star Learning Ctr. Date: 11/14/21 Time: 10:30

Location Address: 190 White St. Danbury Telephone #: 203-205-7840

e-mail address: twinklelittlestarschool@gmail.com License #: 70453 Expiration Date: 9/30/22

Capacity: 124/64 # of Children Present: 104 # of Staff Present: 22(2)

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up to full inspection

Observations/Corrections needed:

19a-79-3a(a) - observed 7 staff not properly wearing masks.


discussed:

- observed stained ceiling tiles in hallway - landlord actively repairing.
- individual care plans to be signed by all staff responsible not just main teachers in classroom.
- medication authorization forms observed to be signed by parent but not fully filled out in parent section.


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: 11/30/21

Signature: 
(OEC Representative)

Print Name: Kimi Moran

Signature: 
(Person in Charge)

Print Name: Maruska Leite