

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Foundations for Learning of Glastonbury Date: 11/22/21 Time: 10<sup>00</sup>

Location Address: 106 Griswold St, Glastonbury Telephone #: 860 430-1665

e-mail address: andrea@thefoundationsforlearning.com License #: 70465 Expiration Date: 12/31/22

Capacity: 90/32 # of Children Present: 32 # of Staff Present: 12

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Follow-up to 10/5/21

Observations/Corrections needed:

- 1. Local health inspection: OK ✓
- 2. New employee orientation: OK ✓
- 16. staff physicals/TB test: OK - update to state form
- 25. First Aid certificates: OK ✓
- 26. Health consultant contract: OK ✓
- 34. Authorized release permission: OK ✓ \*update language
- 38. care plans: OK ✓
- 76. hazardous substances: OK ✓
- 99. Topical permission: OK ✓
- 102. Authorized prescriber permission: OK ✓
- 128. Alternate sleep position: OK ✓ observed updated language
- 130. crib hazards: OK ✓ in compliance at this visit
- 19a-79-3a: OK ✓ observed vaccination records on file

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: Erin Wraight  
(OEC Representative)

Print Name: Erin Wraight

Signature: Andrea LS Pearce  
(Person in Charge)

Print Name: Andrea LS Pearce