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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Christian Life Academy Date: 11/19/21 Time: 12:30

Location Address: 133 Junction Rd. Brookfield Telephone #: 203-775-5191

e-mail address: EUskudarli@brookfieldcla.org License #: 16444 Expiration Date: 1/31/25

Capacity: 93/20 # of Children Present: 34 # of Staff Present: 7

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*** _____

Purpose of visit: follow up to 9/20/21 inspection

Observations/Corrections needed:

12- november menu not posted - october + december menus for lunch do not reflect 5 food groups.

38- 2 individual care plans not signed by all staff.

103- observed 1 non-emergency medication unlocked.

discussed: 1 cord unsecured in the 3's

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: 12/3/21

Signature: _____ *(OEC Representative)*

Print Name: Erin Morgan

Signature: Emily Uskudarli *(Person in Charge)*

Print Name: Emily Uskudarli