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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Development Program at Taft Date: 11/19/21 Time: 12:00

Location Address: 91 Woodbury Rd Watertown Telephone #: 860 945-1595

e-mail address: CDPTaft@gmail.com License #: 15642 Expiration Date: 7/31/25

Capacity: 38 # of Children Present: 25 # of Staff Present: 9

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 11/2/21 Inspection

Observations/Corrections needed:

(2) 1 staff new Orientation not observed

(38) 1 care plan not signed by staff; 1 care plan not observed

(44) First Aid Manuel not current

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: 12/3/2021

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: S Mormile
(Person in Charge)

Print Name: Sara Mormile