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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ledgewood Private Date: 11/19/21 Time: 9:30

Location Address: 720 Thomaston Rd Telephone #: (860) 274-5455

e-mail address: ledgewoodprivatepreschool@gmail.com License #: 70661 Expiration Date: 8/31/24

Capacity: 19 # of Children Present: 17 # of Staff Present: 3

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 11/1/21 Inspection

Observations/Corrections needed:

(2) Documentation does not indicate an Orientation (training)

(3) Documentation does not indicate annual review (training)

(16) 1 staff physical not complete

(27) Annual policy review not observed

(38) 2 care plans not observed

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: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Ashley Kranich
(Person in Charge)

Print Name: Ashley Kranich