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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Patch Child Care: Learning Center Date: 12/2/21 Time: 9:05

Location Address: 11 Kirby Rd. Cromwell Telephone #: 860 635-1809

e-mail address: ppatch cromwell @ att. net License #: 12904 Expiration Date: 10/31/25

Capacity: 94/42 # of Children Present: 18/12 # of Staff Present: 6

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: Investigation 2021-847

Observations/Corrections needed:

PIC: Liljedahl, Katie

(NS) 19a-79-3a(b)(7) Administration, new employee orientation - operator provided proof of orientation for new staff members working with children.

(NS) 19a-79-4a(c)(4) Staffing, ratios - operator was in compliance with ratios at this visit.

* Unable to address concerns of investigation due to personal emergency of admin. Will return to address concerns at a future date.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: Katie
(Person in Charge)
Print Name: Katie Liljedahl