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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Patch Childcare + Learning Center Date: 12/3/21 Time: 1:45

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

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

Capacity: 94/42 # of Children Present: 17 # of Staff Present: 4+1

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 self report follow-up from 12/2/21

Observations/Corrections needed:

PIC: Christine Feliciano

(S) 19a-79-4a(c)(4)(A) Staffing, ratios - Operator reports being out of ratio on 11/23/2021 when there was an extra child in toddler room before usual drop-off time. Ratios in compliance at this visit.

(NS) 19a-79-4a(c)(4)(B) Staffing, group size mixed ages - unable to substantiate operator failed to maintain group size ~~with~~ when a group of mixed-age children were napping in prek area.

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: 12/17/2021

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: _____
(Person in Charge)

Print Name: Christine Feliciano