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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Litchfield School House Date: 12/10/21 Time: 9:30

Location Address: 123 Goodhouse Rd Litchfield Telephone #: 860 307-8557

e-mail address: litchfield schoolhouse@gmail.com License #: 70537 Expiration Date: 1/31/24

Capacity: 19 # of Children Present: 10 # of Staff Present: 2

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 10/19/21 Inspection

Observations/Corrections needed:

1- Local health in compliance

7- in compliance

9- in compliance

26- in compliance

27- In Compliance - Ed Consultant Meeting over Holiday Break

(38) 19a-79-5a: Not in Compliance - 1 care plan not observed

88- In compliance

98- In compliance

101- In compliance

(102) 19a-79-9a: 1 Medication form for emergency Medication not observed: 2 Medications on School form - missing required information and permission for childcare staff to administer.

103- In compliance

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: 12/24/21

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Cassandra Hotchkiss
(Person in Charge)

Print Name: Cassandra Hotchkiss