

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Abundance of Joy Date: 2/3/21 Time: 12:30

Location Address: 195 N Main St Ansonia Telephone #: 203 732-5962

e-mail address: Abundanceofjoy199@gmail.com License #: 70593 Expiration Date: 12/31/24

Capacity: 64 # of Children Present: 2 # 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: Follow Up to 12/9/21 Inspection

Observations/Corrections needed:

- 19a-79.3a- No documentation of 1 staff vaccination card and staff signed declarations not observed
- 2- No documentation of Staff Orientation - Staff files not located at visit
- 7- No documentation of Head teacher signing in daily
- 9- Fire Marshall posted not current - corrective action submitted 12/23 indicated
- 16- Staff physical not observed
- 19- No documentation head teacher on site 60% all items were in compliance
- 26- 3 consultants Agreements still not current compliance
- 27- 3 annual policy reviews not observed
- 37- Children's files not accessible during visit
- 38- Care Plan not observed
- 119- Changing table not exclusive use - (items bowls on table)

x currently no infants enrolled; no diaper ointments on site

Additional violations include staffing 19a-79-4a- records not available and 19a-79-5a- children's files not accessible at visit.

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: 2/17/21

Signature: Jaime Fortin  
(OEC Representative)

Print Name: Jaime Fortin

Signature: Zoila Trejo  
(Person in Charge)

Print Name: Zoila Trejo