

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Taylor-Marie Allen Date: 2/10/22 Time: 10:00  
am.

Location Address: 114 Cleveland Ave Bridgeport Telephone #: 203 394 2611

e-mail address: lovingheartlearningcenter@gmail.com License #: 57552 Expiration Date: 10/31/25

Capacity: 6/3 # of Children Present: 4 # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Complaint Investigation - Case 2022-68

Observations/Corrections needed:

⑤ 19a-87b-10(c) - Responsibilities of the provider - Meeting children's physical needs - Provider administered a Covid test to a child with symptoms without permission from the child's parent.

NS 19a-87b-8 - Qualifications of staff - No evidence to support that the provider leaves the children in the care of an unapproved staff at any time.

⑤ 19a-87b-17(b)(1) - Administration of Medications - Training requirement - Child enrolled with a care plan that states the child needs diazepam, but provider does not have the training to administer.

⑤ 19a-87b-10(b)(2) - Responsibilities of the provider - Maintaining records - 2 children present with no health record on file.

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: 2/22/22

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: \_\_\_\_\_

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Taylor-Marie Allen License # 57552 Date: 2/10/22

Observations/Corrections needed:

⑤ 19a-87b-10(d)(3) - Responsibilities of the provider - Individual Care Plan - Provider failed to follow a child's individual care plan when they did not have the required medication on site for a child with febrile seizures.

Discussions with provider:

① discussed having a substitute or assistant present and application process.

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Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/22/22

Signature: [Signature]  
(Person in Charge)  
Print Name: Taylor-Marie Allen