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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Development Program at Taft Date: 3/1/22 Time: 12:30

Location Address: 91 Woodbury Rd Telephone #: 860 945-1595

e-mail address: CDPTaft@gmail.com License #: 15642 Expiration Date: 7/31/25

Capacity: 38 # of Children Present: 27 # of Staff Present: 7

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: Partial Inspection

Observations/Corrections needed:

(1) Local health: In compliance
(2) New Staff and (3) Annual training: In Compliance discussed orientation
(7) Daily attendance: in compliance
(9) Fire Marshall: Incompliance
(16) Staff health records: In compliance
(17) Professional development: In Compliance
(26) Consultant Agreements and (27) Logs: in compliance
(31) Children's Health Records: in compliance
(38) Care Plans: 2-in compliance
(44) 1st Aid Kit: In Compliance
(46) Hazardous Substances: in compliance
(88) Impact Material - snow covered unable to determine Program aware must be incompliant at all times
(101) Staff trained to Administer Medications: In compliance
(102) Medication forms: 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: 3/15/22

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: _____
(Person in Charge)
Print Name: Simonne