

2022-104

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: King's Chapel Early ^{CARE} ~~Care~~ & Education ^{CTR} Date: 2/28/22 Time: 1:00pm

Location Address: 400 Woodland St. Hartford, CT 06112 Telephone #: (860) 560-0387

e-mail address: TGraham@Kingschapel.education.com License #: 70024 Expiration Date: 9/30/23

Capacity: 52/32 # of Children Present: 38 # of Staff Present: 12

Consent to Inspect 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.
Family Child Care Home Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint/Investigation 2022-104

Observations/Corrections needed:

Pic - Terry Graham - Director

(S) 19a-79-9a.(5)(b) Administration - of Medication - Storage + Labeling - Program had an expired medication (^{CP, Phox} ~~Medication~~) for a child who has severe allergies

(S) 19a-79-3a.(d)(7)(B) - Administrative - General operating Policies - Program did not adhere to their written medication policy ^(N) for Physical/Medical Document Expiration Notification System when program did not alert a parent w/in 45 days before the child's medication was to expire.

(S) = Substantiated NS = Not Substantiated P = Pending (if applicable)

(860)-381-7075

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(EC Representative)

Print Name: Valecia Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: (3/14/22)

Signature: Terry Graham
(Person in Charge)

Print Name: Terry Graham