

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Holly Hill Child Development Center Date: 3/3/22 Time: 11:45

Location Address: 308 Peck Lane Orange Telephone #: 203 799-6300

e-mail address: hollyhillchildcare2010@gmail.com License #: 16790 Expiration Date: 4/30/26

Capacity: 112/72 # of Children Present: 57/37 # of Staff Present: 13+

<b>Consent to Inspect 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 _____
--	---

Purpose of visit: Investigation 2022-118

Observations/Corrections needed:

PIC: Debbie Fedorko, Susan Puhl

(S) 19a-79-39(d)(~~iii~~) - Administration, implement policies - operator failed to follow the policy to feed babies according to feeding schedule provided by parents when child did not receive a morning bottle.

(NS) 19a-79-10(d) Under three endorsement, diapering - unable to substantiate that operator failed to follow diapering policy - Staff state that permission form for vaseline was missing expiration date and vaseline was not used until this issue was resolved.

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: 3/17/2022

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Susan Puhl  
(Person in Charge)

Print Name: Susan Puhl