

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Affordable Child Care Lng Center Date: 3/15/22 Time: 9:45 ^{am}

Location Address: 255 Barbour St. Hartford Telephone #: 860 947 1802 ⁽¹⁾

e-mail address: affordablelearninghartford@gmail.com License #: 70419 Expiration Date: 7/31/22 ^{519 0541}

Capacity: 50/32 # of Children Present: 31 # of Staff Present: 9

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2022-139

Observations/Corrections needed:

(S) 19a-79-10(k)-Under Three Endorsement - Foods and liquids -
Program failed to obtain a written feeding schedule at the time of
enrollment.

(NS) 19a-79-3a(a) - Administration - Ensuring the health, safety and
development of children - No evidence to support that staff
did not feed the infant enough food throughout the day.

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: 3/29/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)

Print Name: Nicole Perry