

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carousel Preschool Date: 3/18/22 Time: 12:30

Location Address: 23 France St Norwalk Telephone #: 203 847-1276

e-mail address: carousel1276@gmail.com License #: 13947 Expiration Date: 3/31/25

Capacity: 124/64 # of Children Present: 0 # of Staff Present: \_\_\_\_\_

<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: Investigation 2022-156

Observations/Corrections needed:

(S) 19a-79-4a(a)(1)(2) Staffing, medical form w/ TB test  
Operator failed to have a medical form w/ TB results  
for a new employee upon employment.

(NS) 19a-79-3a(b)(7) Administration, participation in  
new employee orientation - unable to substantiate  
that operator failed to do orientation. Employee handbook  
shared with new hire and review delayed due to call-out  
of new employee.

(S) 19a-79-4a(b) Staffing, background check - operator  
failed to submit background check for prospective  
employee prior to employee starting employment.

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: 4/1/2022

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Tara Abate  
(Person in Charge)

Print Name: Tara Abate