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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwood Child Care Center Date: 4/1/22 Time: 8:35

Location Address: 1139 Route 169, Woodstock Telephone #: 860-928-7012

e-mail address: jbaker@northwoodchildcare.com License #: 15882 Expiration Date: 2/28/25

Capacity: 128 # of Children Present: 55 # of Staff Present: 10

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: ~~Follow~~ Partial to check safe sleep.

Observations/Corrections needed:

#129- No infants sleeping- compliant. Discussed infants only to sleep in cribs.

(135)- Observed 3 infants self feeding bottles/not held for feeding.

(170)- Observed 3 groups of 5 toddlers in each with one staff per group. (1-5 ratio).

Discussed- Opening door in infant room.

*2/1/22 last follow up.

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: 4/15/22

Signature: Linda Moylan (OEC Representative)

Print Name: Linda Moylan

Signature: J W Baker (Program Director)

Print Name: Jen