☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwood Child Care Center. Date: 4/20/22 Time: 1:30

Location Address: 1129 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: 67 # of Staff Present: 14+3

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 up to partial - ratios. (4/4/22)

Observations/Corrections needed:

Follow up to check compliance with ratios.

#21- Ratios not followed when 2 rooms with a total of 14 children (6+8) were ~~with~~ with one teacher and door between rooms open. Many children awake.

19a-79-4a(c)(4)(D)- 3/4 children were unsupervised when their teacher was in another classroom. The teacher in the other room was unaware she had left.

#116- 2 under three children were in high table chairs without chairs buckled.

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: 5/4/22

Signature: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Jon W Baker
(Person in Charge)

Print Name: JON W BAKER