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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Community Organized and Operated Early Learning Center Inc. Date: 4/26/22 Time: 3:03

Location Address: 35 School Rd., Hanover Telephone #: _____

e-mail address: coolae33@gmail.com License #: 13086 Expiration Date: 2/28/23

Capacity: 40 # of Children Present: 17 # of Staff Present: 4

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 2/18/22 + 3/1/22 full inspection.

Observations/Corrections needed:

Follow up to 2/18/22 full inspection to inspect playgrounds not done due to snow cover. Check CAP item from 3/1/22 follow up.

Observed playgrounds. No violations.

Observed Education consultant log of policy review and 3 medication administration certificates for staff. Observed 5/2020 water test results.

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: 5/10/22

Signature: Linda Moylan *(OEC Representative)*

Print Name: Linda Moylan

Signature: Amy L Knox *(Person in Charge)*

Print Name: Amy L. Knox