

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nathan Hale before/after Date: 6/2/22 Time: 3:26 pm
School Program

Location Address: 877 Atkins St. ext Telephone #: 475-775-4902

e-mail address: dthemaglio@womenfamilies.org License #: 14100 Expiration Date: 4/30/26

Capacity: 40 # of Children Present: 30 # of Staff Present: 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 NA

Purpose of visit: Follow up to inspection dated 5/12/22
for ratios

Observations/Corrections needed:

✓ (#145) Ratios in compliance at this visit

violation: 19a-79-4a(c)(4)(D): program failed to
supervise children at all times when during visit
child was observed coming back from the bathroom
unattended. A second child was observed leaving unsupervised
to go to the bathroom in hallway.

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: 6/16/22

Signature: [Signature]
(OEC Representative)

Print Name: Fel Montano / Jen Serra

Signature: [Signature]
(Person in Charge)

Print Name: Jane Butler