

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ERFC School-age Center@ Date: 6/16/22 Time: 3:05

Location Address: 155 Rafia Rd, Enfield JFK Telephone #: 860-253-9935

e-mail address: erfclicense@erfc.us License #: 70017 Expiration Date: 9/30/23

Capacity: 150 # of Children Present: 6 # of Staff Present: 2

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 _____
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Purpose of visit: Follow Up

Observations/Corrections needed:
Follow up to jeeckm check CAP including 2 staff present.

Observed 2 staff in program. Observed all children and staff signed in.

No violations observed.

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: 6/30/22

Signature: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Taylor Gosselin
(Person in Charge)

Print Name: Taylor Gosselin