

2022-567

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hope Child Development Center Date: 8/16/22 Time: 10:45am

Location Address: 81 Olive Street New Haven, CT 0654 Telephone #: 203-865-7673

e-mail address: georgia@hopechilddevelopment.org License #: 16319 Expiration Date: 11/3/27

Capacity: 97/4 # of Children Present: 55 # of Staff Present: 10

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Follow-up 2022-567

Observations/Corrections needed:

PIC Georgia Goldburn - Director  
(NS) 19a-79-3a(b)(8)(A) - Administration - Managing Child Behavior - Staff  
(S) 19a-79-3a(d)(2)(A) - Administration - Policy and Procedures - Staff did not properly implement the program's written pertaining to nap time of the children when staff was observed patting a child's back harder than necessary to get child to sleep  
(NS) 19a-79-3a(b)(7) - Administration - Annual Training - Program provided annual training to staff on program's policies + procedures.

(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: 8/30/22

Signature: [Signature]  
(OEC Representative)  
Print Name: Galeen Williams  
Signature: [Signature]  
(Person in Charge)  
Print Name: Georgia Goldburn