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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Clinton Child Care Date: 8/10/22 Time: 2:45 pm

Location Address: 160 E Main St. Clinton, CT 06413 Telephone #: 860 669-4315

e-mail address: clintonchildcareservice@gmail.com License #: 15796 Expiration Date: 9/30/26

Capacity: 110 ~~90~~ # of Children Present: 36 # of Staff Present: 9

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*** N/A

Purpose of visit: Complaint Investigation Case #2022-561

Observations/Corrections needed:

(S) 19a-79-3a(4)(A) Administration - Illness policy - Observed a child with rash attending the program. Did not observe clearance from a physician on file.

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: 8/24/2022

Signature: Stephanie Pia *(OEC Representative)*

Print Name: Stephanie Pia

Signature: Kimberly M. Russell *(Person in Charge)*

Print Name: Kimberly M. Russell