

2022-597

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trisha A. Brown Date: 8/18/22 Time: 10am

Location Address: 36 Cambridge Drive EAST HAVEN, CT 06118 Telephone #: 860-212-7722

e-mail address: Colorfullittlebutterflies29@gmail.com License #: 56296 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 17 # of Staff Present: 2

Consent to Inspect 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.
Family Child Care Home Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Complaint/ investigation 2022-597

Observations/Corrections needed:

(S) 19a-87b-8 - Qualifications of Staff - Unapproved Staff - Provider's son was providing care to children in program. Son is not an approved staff person

(S) 19a-87b-5(d)(1)A - Terms of license - Regular license Capacity - Provider was caring for 7 children w/out an assistant and/or substitute. Provider's daughter/substitute arrived shortly after OEC arrived.

(NS) 19a-87b-10(b)(3)(D) - Responsibilities of Provider - Written Permission - Transportation

(NS) 19a-87b-10(i) - Responsibilities of Provider - Supervision - Per Provider, she supervises the children appropriately. Provider was present when provider's cat scratched child

(S) 19a-87b-10(b)(2)(A)(v) Responsibilities of Provider - One child missing immunization

(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: 9/3/22

Signature: [Signature]
(OEC Representative)
Print Name: Alicia Williams

Signature: [Signature]
(Person in Charge)
Print Name: Trisha Brown