

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: DPS School Readiness Program Date: 8/30/22 Time: 12:30

Location Address: 17 Cottage St. Danbury Telephone #: 203-797-4995

e-mail address: norki@danbury.k12.ct.us License #: 15164 Expiration Date: 8/31/24

Capacity: 50/0 # of Children Present: 21 # of Staff Present: 4(?)

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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. <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: follow up to full inspection on 8/16/22

Observations/Corrections needed:

13- weather emergency plan not posted. 13:2

16- 1 staff; physical not observed + negative TB test P:2  
documentation not observed.

45- room 4 - sink in disrepair. ~~water around + to the left~~  
~~of sink in disrepair~~ (w)

69- room 4 - walls on left of sink + surrounding sink in disrepair;  
hall bathroom - ceiling + wall behind sink in disrepair

gym - stained ceiling tiles.

88- less than 8" of impact absorbing material under climber  
+ slide 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: 9/13/22

Signature: Krisi Morgan  
(OEC Representative)

Print Name: Krisi Morgan

Signature: Ingrid Norfleet  
(Person in Charge)

Print Name: Ingrid Norfleet