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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: School on the Green Date: 9/16/22 Time: 9:15

Location Address: 25 South Street Litchfield Telephone #: 860 567-0695

e-mail address: directorschoolonthegreen.com License #: 13485 Expiration Date: 5/31/26

Capacity: 22 # of Children Present: 16 # 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***_____

Purpose of visit: Follow Up

Observations/Corrections needed:

program in Compliance for Ratio's, observed Bathroom Break - now scheduled with children in hallway area with activities and staff. Breaking into 2 groups for bathroom and handwashing breaks.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/30/22

Signature: _____
(Person in Charge)