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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Putnam Preschool and Child Care Date: 9/9/22 Time: 11:30

Location Address: 176 Providence Pike, Putnam Telephone #: 860-963-2587

e-mail address: putnampreschool@yahoo.com License #: 70302 Expiration Date: 6/30/24

Capacity: 35 # of Children Present: — # of Staff Present: —

| | |
|---|---|
| ***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: Addendum to follow up.

Observations/Corrections needed:

Upon arrival earlier today I observed two staff with nine children in the infant room.

#110- Ratio not met. (1-4 & 1-5)

#111- Group size of 8 exceeded. (9 present)

**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: Linda Maylan
*(OEC Representative)*
Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/23/22

Signature: _____
*(Person in Charge)*
emailed to program 9/12/22