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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwood Child Care Center Date: 7/20/22 Time: 9:00

Location Address: 1129 RT 169, Woodstock Telephone #: 860-928-7012

e-mail address: jbaker@northwoodchildcare.com License #: 15882 Expiration Date: 7/28/25

Capacity: 128 # of Children Present: 65 # of Staff Present: 18

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 to 5/17/22 full inspection.

Observations/Corrections needed:

Check CAP items.

3- Compliant., 36-Compliant/observed, 38-compliant

23- New director/change form submitted.

(44)- Not all perishable lunches refrigerated on AM with ice packs. -Lunches put in fridge & parent reminders.

69- Walls cleaned. 92- Slides removed

(102)- Beach Authorization for one medication not available.

113, 123, 127, 130, 139, 6, 16, 37, 49 observed compliant and/or discussed.

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: 8/3/22

Signature: Linda Moylan/Carolynne DeLoreto
(OEC Representative)

Print Name: Linda Moylan/Carolynne DeLoreto

Signature: _____
(Person in Charge)

Print Name: JON W BAKER