

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Advance Child Care Center Date: 10/13/2022 Time: 10:00 AM

Location Address: 605 Kensington St. New Haven, CT. 06511-4138 Telephone #: 203-562-1916

e-mail address: delisa.tolson23@gmail.com License #: 13906 Expiration Date: 4/30/2025

Capacity: 25 # of Children Present: 6 # 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
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to 8/12/2022 full inspection

Observations/Corrections needed:

- # 37- observed 2 expired child physicals
- # 102- observed 4 expired Albuterol orders/doctor's authorization forms.
- Program to submit copies of physicals and medication authorizations for Albuterol with corrective action plan
- Program must also indicate updated correction for #101- medication authorization/training certificates on site

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: 10/17/2022

Signature: [Signature]
(OEC Representative)

Print Name: BUDGET MERRILL

Signature: [Signature]
(Person in Charge)

Print Name: Delisa Tolson