

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Strong Start Early Care + Education Date: 11/7/22 Time: 9:55

Location Address: 56 Quarry Rd. Trumbull Telephone #: 203 816-6884

e-mail address: christina@astrongstart.com License #: 70231 Expiration Date: 4/30/23

Capacity: 155/72 # of Children Present: 126 # of Staff Present: 27+

<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. Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Investigation 2022-906 - selfreport

Observations/Corrections needed:

(NS) 19a-79-3a(d) - Implement + annually review policies -  
Unable to substantiate that staff failed to follow policies  
regarding infant feeding. Bottle was labeled. Staff have  
been trained on policies.

(S) 19a-79-3a(a) Ensure health + safety of children - Staff  
failed to ensure health + safety of an infant when baby  
was fed wrong bottle containing breast milk.

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: 11/21/22

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Christina Masciola  
(Person in Charge)

Print Name: Christina Masciola