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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Child Development at Taft Date: 11/18/22 Time: 12:30

Location Address: 91 Woodbury Rd Watertown Telephone #: 860 945-1595

e-mail address: TCDPTaft@ftegmail.com License #: 15642 Expiration Date: 7/31/25

Capacity: 38 # of Children Present: 18 # of Staff Present: 5

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 10/13/22 inspection

Observations/Corrections needed:

(2) new employee Orientation observed but could be more clear; Suggest sample Orientation form on website - needs what was discussed and how long - (1hr/2hr etc)

(12) Menu's posted ✓ (15) posted ✓ (18b) in compliance

(26) Health Agreement - current ✓ (27) Log annual review ✓

(49) Lead Water 10/27/22 ✓

(56) In Compliance ✓ (69) In compliance

(89) In compliance - Board replaced

(90) Stairs painted ✓

(102) Medication form

(99) Forms in Compliance

(119) In Compliance

(139) In Compliance - Nurse log reviewed

Discussed/ Director TA for Organization tool's

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: N/a

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Sara Murnile (Person in Charge)

Print Name: Sara Murnile