

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: School on the Green Date: 12/19/22 Time: 915

Location Address: 25 South St Litchfield Telephone #: 860 567-0695

e-mail address: director@schoolonthegreen.com License #: 13485 Expiration Date: 5/31/26

Capacity: 22 # of Children Present: 19 # of Staff Present: 2

**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: Partial from 9/9/22 Inspection

Observations/Corrections needed:

(32) Enrollment Information missing start date still
19a-79-5a(A)

Additional violations at visit

19a-79-11(b): Program had 2 School Age Children at visit
Program does not have Schoolage endorsement

Discussed: Change form; Supplies for school-age children.
observed bathroom supervision with staff now taking
children in groups to bathroom.

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: 1/2/2023

Signature: Jane Fortin
(OEC Representative)

Signature: [Signature]
(Person in Charge)