

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New England Preschool Academy Date: 1/10/23 Time: 12:30
Location Address: 133 Post Office Rd. Enfield Telephone #: 860-745-6575
e-mail address: cathy@newenglandpreschool.com License #: 16322 Expiration Date: 2/28/25
Capacity: 27 # of Children Present: 8 # 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 - CAP/group size/H.T.

Observations/Corrections needed:

- 18A - All staff present are "current" in RCIS.
- 12 - Compliant
- 14 - Observed/Compliant.
- 39 - observed forms.
- 19 - Head Teacher not signing in/out consistently.
- 26 - Not available 123 - Observed posted/compliant.
- 27 - Not available
- 80 - CO detectors not operational. New ones in box.
- 92 - Ship and small slide observed on playground not anchored.
- 111 - Discussed group of 8 (mixed) to be downstairs.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Linda Maylan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/24/23

Signature: [Handwritten Signature]
(Person in Charge)