

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Garden Date: 1/31/23 Time: 10:00
Location Address: 20 Ivy Brook Rd Shelton Telephone #: 203 402-0334
e-mail address: acgshelton2003@gmail.com License #: 15976 Expiration Date: 2/28/26
Capacity: 156 # of Children Present: 77 # of Staff Present: 20

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|--|--|
| Consent to Inspect Family Child Care Home | <i>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.</i> Provider/Applicant/Substitute's Signature _____ |
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Purpose of visit: Follow up to 1/27/23 inspection

Observations/Corrections needed:

- Verified 2 staff not working. Background checks completed over weekend. Staff not yet in system - not in classrooms - in compliance

- group size in compliance at visit. Reviewed with toddler staff group size.

^{observed}
Discussed: Infant not held for bottle feeding;
Infant room lights off (supervision/safe sleep) discussed at visit.

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: Jaime Folin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)