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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Child Development Program Tort Date: 2/6/23 Time: 12:30

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

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

Capacity: 38 # of Children Present: 21 # 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: Partial Inspection

Observations/Corrections needed:

(2) Staff orientation - in compliance

(12) Menus - in compliance (15a) Milestones

(18b) Fingerprints - Not in compliance (X) (134) Nurse Log - In Compliance

(26) Health Agreements - in compliance

(27) Health Log - In Compliance (136) Feeding Schedule - in compliance

(49) Lead Water - In compliance

(56) Exits obstructed - in compliance

(69) Walls not clean - in compliance

(89) Porch - not good repair - in compliance

(90) Peeling Paint - in compliance

(X) 1 staff not current background check and working with children

(108) Medication - 1 medication on school form - not in compliance (X)

(99) Non topical forms - in compliance

(119) Diaper table exclusive use - in compliance

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 Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/20/23

Signature: Sar Marie
(Person in Charge)

program aware staff without Background check cannot work until listed in BCIS as current or work supervised