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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Comm. Org. & Oper. Latch Key Coop Date: 2/8/23 Time: 2:55

Location Address: 35 School Rd., Andover Telephone #: 860-899-8823

e-mail address: coolac335@gmail.com License #: 13086 Expiration Date: 2/28/26

Capacity: 40 # of Children Present: 20 # 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 full inspection 11/15 & 11/29/22.

Observations/Corrections needed:

Check all CAP items.

#6- Not all policies and procedures complete.

#16- TB test results for 2 staff not available.

7- Staff not consistently signed in/out at the time.

36- Transportation in emergency not observed on permission form.

97- Medication administration policy observed to incomplete.

Other items wer observed compliant on CAP.

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)
Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/22/23 LM

Signature: Amy L Knapp
(Person in Charge)