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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Children's Korner Date: 2/7/23 Time: 10:00

Location Address: 103 Main St. Ridgefield Telephone #: _____

e-mail address: _____ License #: 13874 Expiration Date: 5/31/24

Capacity: 35 # of Children Present: 26 # of Staff Present: 6

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 after office meeting

Observations/Corrections needed:

46- Professional Development, personnel + operating policies incomplete.

27- Education, Social service + dental consultant logs not observed.

3r- individual care plans not signed by all staff responsible for the care of the child.

18b - One on one paraprofessional background checked by employer but not listed/background checked in BCIS.

Discussion

- 1 staff physical not current
- 1 staff annual policy training not observed.

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: 2/21/23

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: _____