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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Child Development @ Taft Date: 2/8/23 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: 4

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: BCIS follow up

Observations/Corrections needed:

(18b) verified staff not working in program without completed background check

Program 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: 2/22/23

Signature: _____
(Person in Charge)