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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Childrens Village Date: 3/16/23 Time: 925 am

Location Address: 545 Bound Line Rd Wolcott Telephone #: 203 879 5300

e-mail address: talhaht.mannan57@gmail.com License #: 12811 Expiration Date: 6/30/25

Capacity: 93/38 # of Children Present: 47 # of Staff Present: 14

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*** N/A

Purpose of visit: Complaint Investigation Case 2023-207

Observations/Corrections needed:

(S) 19a-79-4a(b)(1)+(2) - Staffing - Background Checks - 10 staff with no mth no current background check currently working with children. 4 staff hired with no background check.

(S) 19a. 79-4a(c)(4)(D) - Staffing - ratios - Per staff interviews and sign in and out sheets, classrooms had a 1:12 in 2 rooms

(S) 19a-79-4a(c)(5) - Staffing - group size - Per interviews and sign in sheets, preschool classroom had a 21:2 ratio on 3/10/23.

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: 3/30/23

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hall

Signature: M Reilly *(Person in Charge)*

Print Name: Margaret Reilly