

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carver After School Program Date: 3/22/23 Time: 3:00

Location Address: 7 Academy St. Norwalk Telephone #: 203 838-4305

e-mail address: waid@the.carver.org License #: 16147 Expiration Date: 1/31/26

Capacity: 74 # of Children Present: 26 # 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: Follow-up for investigation 2023-203 on 3/20/23

Observations/Corrections needed:

- (S) 19a-79-4a(c)(4)(D) Staffing, supervision - Staff person did not provide good supervision when she sat on opposite side of room with cell phone and did not stop children from running.
- x (S) 19a-79-4a(b) Background checks for staff - one staff member present did not have a current background check
- (S) 19a-79-3a(a) Ensure health + safety - operator failed to ensure health + safety of children when ~~all~~ ^{one} staff working with children did not have a background check prior to working with children.
- (S) 19a-79-4a(c)(4)(A) Ratios - classroom in lower level of building was not within ratio when 1 staff was with 12 children.

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: 3/23/23 - 19a-79-4a(b)
4/5/23 - other

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Waidnath Ramsubhug
(Person in Charge)

Print Name: Waidnath Ramsubhug