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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Comm. Org. & Operated Latch Key Date: 3/31/23 Time: 8:00

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

e-mail address: coolaes35@gmail.com License #: 13086 Expiration Date: 2/28/26

Capacity: 40 # of Children Present: 10 # of Staff Present: 3

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/ TH scheduled.

Observations/Corrections needed:

Observe CAP items including review of all required policies and procedures.
#16 & 7 observed compliant.
#(6)- Not all policies observed to contain all requirements. (Late pick up & med. admin)
(36)- Emergency transportation form complete ~~by~~ LM but permisions from parents not complete.

Discussed organization of documents for inspections.

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: Amelia Mayhew [signature] (OEC Representative)

Rachelle Kullgren Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/13/23

Signature: Amy L Knopp [signature] (Person in Charge)